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| Certified Copies        | Certificates      | s of Status |
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| Special Instructions to | Filing Officer:   |             |
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## COVER LETTER

| TO: Registration Section Division of Corporations   |   |
|---|---|
| SUBJECT: CIO Factory, LLC.  Name of Lim   | nited Liability Company   |
| The enclosed Ameles of Organization and fee(s) ar   | e submitted for filing.   |
| Please return all correspondence concerning this ma   | atter to the following:   |
| Jose Alberto Gonzalez Segura  | Name of Person  |
|   | Firth/Company   |
| 8315 Boca Rio Dr.   | Address   |
| Boca Raton, Fl. 33433   | ity/State and Zip Code  |
| cio13@hotmail.com   | for future annual report notification)  |
| For further information concerning this matter, plea  | ise call:   |
| Zenaida Rodriguez at (7  Name of Person   | Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |   |
| ☐ \$125.00 Filing Fee & Certificate of Status   | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  |

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is.  |   |
|--|---|
| Cio Factory L.L.C.   |   |
| (Must end with the words "Limited  | Liability Company, "L.L C.," or "LLC.")               |
| ARTICLE II - Address: The mailing address and street address of the principal o  | ffice of the Limited Liability Company is:            |
| Principal Office Address:  | Mailing Address:                                      |
| 8315 Boca Rio Dr Boca Raton, Fl 33433  | 8315 Boca Rio Dr.Boca Raton, Fl 33433                 |
|  |   |
| ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration          | Registered Agent. You must designate an individual or |
| The name and the Florida street address of the registered  | agent are:  |
| Jose Alberto Gonzalez  |   |
| Name   | ;   |
| 8315 Boca Rio Dr.  |   |
| Florida street address (P.O. Box   | x <u>NOT</u> acceptable)                              |
| Boca Raton   | FL 33433  |
| City   | Zip   |
| the place designated in this certificate, I hereby accept<br>capacity. I further agree to comply with the provisions<br>of my duties, and I am familiar with and accept the of | JED)  |

| <u>Title:</u>   | Name and Address:  |
|---|--|
| "AMBR" = Authorized Member  |  |
| "MGR" = Manager<br>Patrizia Ciofuli   | Patrizia Ciofuli   |
| Patrizia Ciordii  | 8315 Boca Rio Dr. Boca Raton, FI 33433   |
|   |  |
| Zenaida Rodriguez   | Zenaida Rodriguez  |
|   | 8315 Boca Rio Dr. Boca Raton, FI 33433   |
|   |  |
| Jose Alberto Gonzale  | Jose Alberto Gonzalez  |
|   | 8315 Boca Rio Dr. Boca Raton, FI 33433   |
|   |  |
| <del></del>   |  |
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| (Use attachment if necessary)  E.V: Effective date, if other than the cective date is listed, the date must be of filing.)  | late of filing:  |
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| EV: Effective date, if other than the cective date is listed, the date must be of filing.)  | late of filing:  |
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| E V: Effective date, if other than the cective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  | late of filing:  |
| E V: Effective date, if other than the cective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:   | specific and cannot be more than five business days prior to or 90 da  |
| E V: Effective date, if other than the cective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section)  | member of an authorized representative of a member.  |
| E V: Effective date, if other than the cective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation to   | member of an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document, ander the penalties of periury that the facts stated herein are true.   |
| E V: Effective date, if other than the coctive date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation to I am aware that any false in                                | member of an authorized representative of a member.  605.0203 (4) (b), Florida Statutes, the execution of this document, ander the penalties of perjury that the facts stated herein are true from a document to the Department of State elony as provided for in s.817.155, F.S.) |
| E V: Effective date, if other than the cective date is listed, the date must be if filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation to I am aware that any false in constitutes a third degree for | member of an authorized representative of a member.  1 605.0203 (1) (b), Florida Statutes, the execution of this document, ander the penalties of perjury that the facts stated herein are true reformation submitted in a document to the Department of State.                    |
| E V: Effective date, if other than the coctive date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation to I am aware that any false in                                | member of an authorized representative of a member.  1005.0203 (1) (b), Florida Statutes, the execution of this document, ander the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State.                     |
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