

Florida Department of State  
Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.**

**Senigallia Restaurant, LLC**

Certificate of Status	0
Certified Copy	1
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S. GILBERT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

Senigallia Restaurant, LLC

**ARTICLE II- Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

11308 Pink Blossom Ct  
Orlando, FL 32821

Mailing Address:

11308 Pink Blossom Ct  
Orlando, FL 32821

**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address the registered agent is:

BARRY N. BRUMER

\_\_\_\_\_  
Name

7055 SOUTH KIRKMAN ROAD, SUITE 116

\_\_\_\_\_  
Florida Street address (P.O. Box NOT acceptable)

ORLANDO, FL 32819

\_\_\_\_\_  
City, State, and Zip

*Having been named as registered agent service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions as registered agent as provided for in Chapter 605 Florida Statutes.*



\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR"= Manager

"MGRM"= Managing Member

**Name and Address:**

MGRM

Giuliano Garbi

11308 Pink Blossom Ct  
Orlando, FL 32821

MGR

Renata Rabello de Souza

11308 Pink Blossom Ct  
Orlando, FL 32821

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



\_\_\_\_\_  
Typed or printed name of signor