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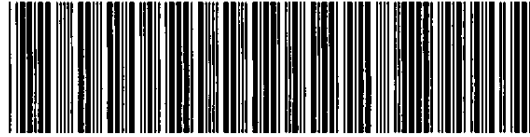
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TALLAHASSEE, FLORIDA
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July 14, 2015

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Organization
Botega del Gusto, LLC

Dear Sir or Madam:

Enclosed, please find the cover letter, the Articles of Organization for Botega del Gusto, LLC, and the \$155.00 filing fee written to the Florida Department of State.

Thank you for your prompt attention in this matter. Should you have any questions or concerns, or if you require any additional information, please don't hesitate to contact me.

Very truly yours,

Stanley P. Walker

SPW/ns

Enclosure(s)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Botega del Gusto, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stanley P. Walker

Name of Person

Southern Star Immigration, P.A.

Firm/Company

Post Office Box 4385

Address

Fort Walton Beach, Florida 32549

City/State and Zip Code

stan@southernstarimmigration.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stanley P. Walker

850

226-7092

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☒

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Botega del Gusto, LLC

(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 office of the Limited Liability Company is:

Principal Office Address:

187 Maravilla Drive

Miramar Beach, Florida 32550

Mailing Address:

187 Maravilla Drive

Miramar Beach, Florida 32550

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Diane Marongiu

Name

187 Maravilla Drive

Florida street address (P.O. Box **NOT** acceptable)

Miramar Beach

Florida

32550

City

State

Zip

Having been named as registered agent and to accept 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 position as registered agent as provided for in Chapter 605, F.S..

Diane Marongiu
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Mara Rondanin

Via Pablo Neruda, 1

Stanghella, Padova, Italy 35048

MGR

Daniele Marongiu

252 Wakissa Cove

Destin, Florida USA 32550

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

None

REQUIRED SIGNATURE:

Mara Rondanin

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mara Rondanin

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

15 JUL 16 PM 1:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA