06/10/2033 06:04

# da Department of State

### **Division of Corporations** Electronic Filing Cover Sheet

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Empil.	Address -			

FLORIDA LIMITED LIABILITY	CO
CASTELFIDARDO, LLC	

Certificate of Status	1		
Certified Copy	0		
Page Count	03		
Estimated Charge	\$130.00		

# H15000185041

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

## Castelfidardo, LLC

#### ARTICLE II - Address:

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

#### Principal Office Address:

#### Mailing Address:

11251 NW 20th Street, Suite 119 Miami, FL 33172 11251 NW 20th Street, Suite 119 Miami, FL 33172

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

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

#### Giancarlo Serenelli

11251 NW-20th Street, Suite 119 Miami, FL 33172

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 grid, 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.

Registered Agent's Signature

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Page 1 of 2

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

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

Title:

Name and Address:

MGR

GIANCARLO SERENELLI

MGR

SERGIO ENRICO SERENELLI

REQUIRED SIGNATURE:

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

(In accordance with section 605.0203(1)(n), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Giancarlo Serenelli

Typed or printed name of signee

SECRETARY OF STATE

Page 2 of 2

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