

L15000186288

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000261586 3)))



H150002615863AEC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

15 NOV 11

**FLORIDA LIMITED LIABILITY CO.
GIANPIERO 28, LLC**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV -3 PM 2:47

FILED

H15000261588

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:** The name of the Limited Liability Company is:**Gianpiero 28, LLC****ARTICLE II – Address:**

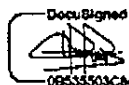
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:5300 NW 87 Ave, #1502
Doral, FL 33178**Mailing Address:**5300 NW 87 Ave, #1502
Doral, FL 33178**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

JUAN M. SARABANDO PEREIRA5300 NW 87 Ave, #1502
Doral, FL 33178

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.

DocuSigned by:

09533503CM247B...

10/31/2015

Registered Agent's Signature(CONTINUED)
Page 1 of 2SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV -3 PM 2:47

FILED

H15000261588

H15000261586

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:

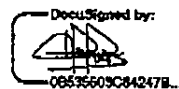
MGR

JUAN M. SARABANDO PEREIRA

MGR

KATTUSKA MARINI DE SARABANDO

REQUIRED SIGNATURE:



10/31/2015

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

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

Juan M. Sarabando Pereira

Typed or printed name of signee

H15000261586