

MAR/07/2016/MON 11:58 AM

FAX No.

P. 001

L16000045780

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.
DOC & DOC LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

MAR - 8 2016

S. GILBERT

MAR/07/2016/MON 11:58 AM

FAX No.

P. 002

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 16 MAR -7 AM 11:50

ARTICLE I - Name:

The name of the Limited Liability Company is:

DOC & DOC 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:

Mailing Address:

4913 SW 74 CT

SAME

MIAMI, FL 33155

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:

PREFERRED ACCOUNTING SERVICES, INC.

Name

4913 SW 74 CT

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

MIAMI

FL

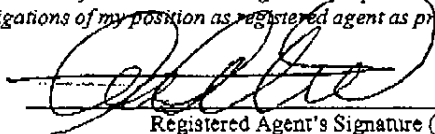
33155

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FAX No.

P. 003

The MGR's are as follows:

Chiara Maria Mazzanti	80.5%
Tommaso Augusto Mazzanti	4%
Francesco Mazzanti	1%
Virginia Maria Mazzanti	7.5%
Paola Isabelle Nasuti,	7%
Massimo Valenza	0%

Address:

4913 SW 74 CT.
MIAMI, FL 33155

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

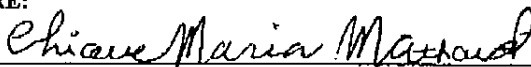
Name and Address:

SEE ATTACHMENT

(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.**REQUIRED SIGNATURE:**

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.

CHIARA MARIA MAZZANTI

Typed or printed name of signer