

L16000093657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

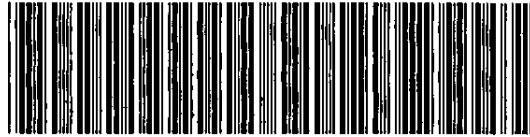
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500285534645

05/09/16--01041--028 **155.00

FILED
16 MAY -9 AM 8:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

VH

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ITALPROMED 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:

JAIME SUAREZ
Name of Person

ITALPROMED LLC
Firm/Company

8551 W. SUNRISE BLVD. SUITE 302
Address

PLANTATION, FL 33322
City/State and Zip Code

jaime.suarez@suiphar.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIME SUAREZ 954 927-0066
Name of Person at () 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

ITALPROMED


8551 W Sunrise Blvd. Suite 302
Plantation, FL 33322

May 5, 2016

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: ITALPROMED LLC Articles of Organization and ITALPROMED CORP.

Dear Sir or Madam,

 Enclosed please find the Articles of Organization for ITALPROMED LLC with the respective filing fee of \$125.00 and additional fee for a Certified copy for \$30.00 for a total of \$155.00.

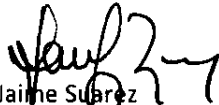
Please note that the name ITALPROMED belongs to us and we used for the filing of ITALPROMED CORP. Document Number P16000032717 on April 11, 2016 with me, Jaime Suarez, as the Incorporator and President of ITALPROMED CORP. After making the filing for the corporation we decided that the form of and LLC was a better entity form for our business. We never commenced businesses or issued any shares. For that reason, the filing for the corporation was withdrawn on April 26, 2016. Please note that the Managers of the LLC are the same persons that were listed as officers for the corporation and the addresses are the same.

Therefore, we kindly request that you allow us to use the same name of ITALPROMED for the LLC and that you file the enclosed Articles of Organization for ITALPROMED LLC.

Should you have any questions, please do not hesitate to communicate with me at 954-927-0066.

Many thanks,

Sincerely,


Jaime Suarez

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ITALPROMED LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED

16 MAY -9 AM 8:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

8551 W. SUNRISE BLVD.
SUITE 302
PLANTATION, FL 33322

Mailing Address:

8551 W. SUNRISE BLVD.
SUITE 302
PLANTATION, FL 33322

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:

JAIME SUAREZ
Name

8551 W. SUNRISE BLVD. SUITE 302
Florida street address (P.O. Box **NOT** acceptable)

PLANTATION FL 33322
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)

ARTICLE IV-

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

FILED

16 MAY -9 AM 8:01

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:
JAIME SUAREZ
8551 W. SUNRISE BLVD. SUITE 302
PLANTATION, FL 33322

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MGR

VANNI BENEDETTI
8551 W. SUNRISE BLVD. SUITE 302
PLANTATION, FL 33322

MGR

LUIS SUAREZ
8551 W. SUNRISE BLVD. SUITE 302
PLANTATION, FL 33322

MGR

RUFFO BENEDETTI
8551 W. SUNRISE BLVD. SUITE 302
PLANTATION, FL 33322

(Use attachment if necessary)

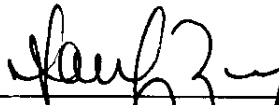
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

JAIME SUAREZ
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)

ARTICLE IV (CONT.)

The name and address of each person authorized to manage and control de Limited Liability Company:
(cont.)

Title:

Name and Address:

MGR

HENRY SUAREZ
8551 W. SUNRISE BLVD. SUITE 302
PLANTATION, FL 33322

MGR

MARCO ULIVAGNOLI
8551 W. SUNRISE BLVD. SUITE 302
PLANTATION, FL 33322