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SOUTH FLORIDA  
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7/14/16

# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive  
Tallahassee, Florida 32312

(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 7-14-16

ENTITY NAME:

Petecof Holdings LLC

**\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

☒ Plain Copy  
☐ Certified Copy

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\***

Document Number: \_\_\_\_\_

☐ Certified Copy of Arts & Amendments  
☐ Certificate of Good Standing

**\*\*APOSTILLE/NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL AMOUNT OWED: 125<sup>00</sup>

CHECK NUMBER: 2676

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

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16 JUL 16 PM 2:12  
TALLAHASSEE, FL  
SUNSHINECORPORATE

**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

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14 PM 2:12

CLERK OF DISTRICT COURT  
STATE OF FLORIDA

**ARTICLE I: NAME**

The name of the Limited Liability Company is:  
PETECOF HOLDINGS LLC

**ARTICLE II: Address**

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

250 Sunny Isles Boulevard, Unit 705

Sunny Isles Beach, FL 33160

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE**

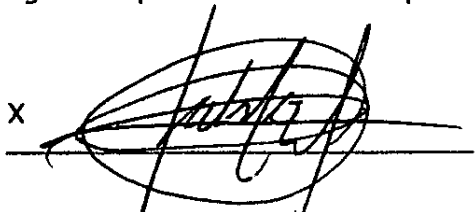
The name and the Florida street address of the registered agent are:

Fabrizio Cozzetti Petecof

250 Sunny Isles Boulevard, Unit 705

Sunny Isles Beach, FL 33160

Having been named as registered agent 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.

X 

Fabrizio Cozzetti Petecof / Registered Agent's Signature

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PETECOF HOLDINGS LLC

16 JUL 14 PM 2:12

TO: SECRETARY OF STATE  
ALBANY, NY 12242-1100

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

AMBR:

Fabrizio Cozzetti Petecof

250 Sunny Isles Boulevard, Unit 705

Sunny Isles Beach, FL 33160

**ARTICLE V: ANY OTHER PROVISION OR PURPOSE OF THE LIMITED LIABILITY COMPANY**

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X 

Fabrizio Cozzetti Petecof

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. 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.)