

L16000139350

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.

((H16000179676 3)))



H160001796763ABCA

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 : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

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

Email Address: _____

RECEIVED

16 JUL 26 PM 4:30

**FLORIDA LIMITED LIABILITY CO.
PRINCESS OF FLORENCE WINE & DINE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

7/27/16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUL 26 PM 6:23

FILED

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

PRINCESS OF FLORENCE WINE & DINE, LLC

ARTICLE II- Address:

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

Principal Office Address:

143 EASTPARK DRIVE
CELEBRATION, FL 34747

Mailing Address:

143 EASTPARK DRIVE
CELEBRATION, FL 34747

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

The name and the Florida street address the registered agent is:

BARRY N. BRUMER

Name

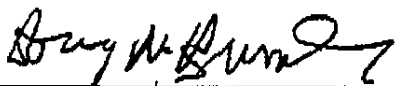
7055 SOUTH KIRKMAN ROAD, SUITE 116

Florida Street address (P.O. Box NOT acceptable)

ORLANDO, FL 32819

City, State, and Zip

Having been named as registered agent 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 positions as registered agent as provided for in Chapter 605 Florida Statutes.



Registered Agent's Signature

FILED
16 JUL 26 PM 6:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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

Title:

"MGR"= Manager

"MGRM"= Managing Member

Name and Address:

MGRM

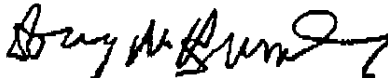
GIUSEPPE DE CRISTOFARO

143 EASTPARK DRIVE
CELEBRATION, FL 34747

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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

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



Typed or printed name of signer

FILED
16 JUL 26 PM 6:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA