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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

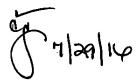


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16 JUL 28 JUL 7: 47

RESUMENCE VED



COVER LETTER

	Registration Section Division of Corporations					
CUDIEC	Giotto Family II, LLC					
SUBJEC		Limited Liabi	lity Company	_		
The enclo	sed Articles of Organization and fee(s)) are submitted	d for filing.			
Please ret	urn all correspondence concerning this	matter to the	following:			
		Name o	f Person		. ,	
	Incorporating Services, Ltd.					
		Firm/C	ompany			
					16	
		Add	ress	1,1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u>د</u>
	Tallahassee, FL 32301				C0	
	gstack@barclaydamon.com	City/State as	nd Zip Code	7. T.S. 1. 1.29 2. 1.21	E.	 No.
		sed for future	annual report notification)			
For further	information concerning this matter, ple	ease call:		,		
	Melissa at	(656-7956			
	Name of Person		Daytime Telephone Number	_		
Enclosed	is a check for the following amount:					
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certif	ied Copy Certificat nal copy is enclosed) Certified	filing Fee, e of Status & Copy copy is enclo		
	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			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

16 JUL 28 AN 7: 47

RECKSTALY OF COATE DATE AMAS, CE, FLORIDA

ARTICLE	I - Name:
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The name of the Limited Liability Company is:

Giotto Family II, 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:

•	Principa	Office A	<u>lagren</u>

Mailing Address:

3823 Mohawk Street New Hartford, NY 13413 3823 Mohawk Street
New Hartford, NY 13413

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:

Saralyn Nemser

Name

12240 NE 14th Ave.

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

North Miami

Florida State 33161

City

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)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager MGR Saralyn Nemser 12240 NE 14th Ave. N. Miami, FL 33161 (Use attachment if necessary) E V: Effective date, if other than the date of filing: cettive date is listed, the date must be specific and cannot be more than five business days prior to of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date were the specific and cannot be more than five business days prior to of filing.)	Saralyn Nemser 12240 NE 14th Ave. N. Miami, FL 33161 Ffiling:	AMBR" = Manager MGR Saralyn Nemser 12240 NE 14th Ave. N. Miaml, FL 33161 Use attachment if necessary) EV: Effective date, if other than the date of filing:	"AMBR" = Manager MGR Saralyn Nemser 12240 NE 14th Ave. N. Miami, FL 33161 (Use attachment if necessary) EV: Effective date, if other than the date of filing: ective date is listed, the date must be specific and cannot be more than five business days prior to or 9 of filing.) It he date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records.
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	ber or an authorized representative of a member.		
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