

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.

(((H16000242804 3)))



H160002428043ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

SEP 30 PM 4:12

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

To:

Division of Corporations
 Fax Number : (850) 617-6381

From:

Account Name : BUSINESS FILINGS
 Account Number : 105256001620
 Phone : (608) 827-5300
 Fax Number : (608) 827-5501

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

Email Address: giulia.italiancpa.com

FLORIDA LIMITED LIABILITY CO.
SPAOLO61 LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

16 SEP 30 AM 9:03

FILED

[Electronic Filing Menu](#)
[Corporate Filing Menu](#)
[Help](#)

FAX AUDIT # H160002428043

**ARTICLES OF ORGANIZATION
OF
SPAOLO61 LLC**

ARTICLE I NAME

The name of the limited liability company is: SPAOLO61 LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 201 South Biscayne Suite 2878, Miami, Florida 33131.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Italian CPA Miami Firm PA, 201 South Biscayne Suite 2878, Miami, Florida 33131. Located in the County of Miami-Dade.

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.

Signature: 

GIULIA IACOBELLI-MILANO, President of
Italian CPA Miami Firm PA

Date: 9/27/2016

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:
Paolo Serafini, 201 South Biscayne Suite 2878, Miami, Florida 33131

FAX AUDIT # H160002428043

16 SEP 30 AM 9:03

FAX AUDIT # H160002428043

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.

Paolo Serafini
Paolo Serafini, Organizer

Date: 9/27/16

Authorized Representative

(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.)

FAX AUDIT # H160002428043