

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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

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FLORIDA LIMITED LIABILITY CO.
SATURNO SATURNO, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

1-6
143

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

SATURNO SATURNO, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

SATURNO SATURNO, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**6721 NW 107 CT
MIAMI, FL 33178**

The mailing address shall be:

**6721 NW 107 CT
MIAMI, FL 33178**

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TALLAHASSEE, FLORIDA

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

ANGELA SATURNO

6721 NW 107 CT
Florida Street address (P.O.BOX NOT acceptable)
MIAMI, FL 33178
City, State, and Zip

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ANGELA SATURNO
6721 NW 107 CT
MIAMI, FL 33178

MANAGER

ISABELLA SATURNO
6721 NW 107 CT
MIAMI, FL 33178

MANAGER

(An additional article must be added if an effective date is requested)



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.)

ANGELA SATURNO
Typed or printed name of signee

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300