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.

(((H160003134873)))



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 Account Number : I20070000136

: AVILA RODRIGUEZ HERNANDEZ MENA & FERRI LLP

: (786)594-4102

Phone

Fax Number

: (786)664~3375

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

## FLORIDA LIMITED LIABILITY CO. PATERNESE LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

M. MOON JAN 05 2017 FAX AUDIT# H16000313487 3

# ARTICLES OF ORGANIZATION PATERNESE LLC

The undersigned, being a duly authorized representative of a member, desiring to form a limited liability company under and pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, does hereby adopt the following Articles of Organization:

#### ARTICLE I NAME

The name of the limited liability company is: PATERNESE LLC (the "Company")

#### ARTICLE II <u>ADDRESS</u>

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

Principal Office Address: 2950 Glades Circle, Unit 18 Weston, FL 33327

Mailing Address: 2950 Glades Circle, Unit 18 Weston, FL 33327

### ARTICLE III REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Interamerican Corporate Services LLC 2525 Ponce De Leon Blvd., Suite 1225 Coral Gables, Florida 33134

Having been named as registered agent and to accept service of process for the above 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.

INTERAMERICAN CORPORATE SERVICES LLC

00176006.DOC v.1 FAX AUDIT # H16000313487 3

#### FAX AUDIT # H16000818487 3

#### ARTICLE IV OPERATING AGREEMENT

The power to adopt, alter, amend, or repeal an operating agreement for the Company shall be vested in the Members of the Company.

#### ARTICLE V **MANAGEMENT**

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

Title:

Name and Address:

Manager

Alfonso Notarfrancesco

1950 Glades Circle, Unit 18

Weston, FL 33327

Manager

Saverio Notarfrancesco

1950 Glades Circle, Unit 18

Weston, FL 33327

IN WITNESS WHEREOF, the undersigned hereby executes these Articles of Organization as of the 5<sup>th</sup> day of January, 2017.

Duly Authorized Representative of a Member

Baruto Sucilla