

L1700003942S

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.

((H17000049347 3)))



H170000493473ABC2

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

17 FEB 21 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
ASTORIA 8871, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

me 2/22/17

DocuSign Envelope ID: 77B91318-CA78-4770-AFC0-C99DD53146D7

H17000049347

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY****ARTICLE I – Name:** The name of the Limited Liability Company is:**Astoria 8871, LLC****ARTICLE II – Address:**

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

Principal Office Address:8725 NW 102 CT
Doral, FL 33178**Mailing Address:**8725 NW 102 CT
Doral, FL 33178**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's
Signature:**

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

Tomasino Diglio-Martoni8725 NW 102 CT
Doral, FL 33178

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.

DocuSigned by:
Tomasino Diglio
EB04061B53584C5

Registered Agent's Signature(CONTINUED)
Page 1 of 2

H17000049347

H17000049347

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

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

Title:

Name and Address:

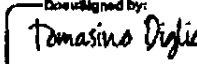
MGR

Tomasino Diglio-Martoni

MGR

Daniel Diglio-Dalto

REQUIRED SIGNATURE:

Designated by:

ED04B01D0304C8...

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.)

Tomasino Diglio-Martoni

Typed or printed name of signee

17 FEB 21 AM 9:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H17000049347