

# L18000128742

**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.**

((H18000157851 3)))



H180001578513ABC3

**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

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

Email Address: \_\_\_\_\_

RECEIVED  
 18 MAY 23 AM 11:05  
 FLORIDA DEPT OF STATE  
 TALLAHASSEE, FLORIDA

## FLORIDA LIMITED LIABILITY CO. SCARPANTONIO & DI FRANCESCO HOLDING LLC

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

T COLLINS

MAY 24 2018

RECEIVED  
 2018 MAY 23 PM 3:47  
 CORPORATIONS  
 COMMERCIAL  
 REGISTRY SERVICES

850-617-8381

5/23/2018 11:37:07 AM PAGE 1/001 Fax Server



May 23, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: SCARPANTONIO & DI FRANCESCO HOLDING LLC  
REF: W18000049104

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Taylor B Collins  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H18000157851  
Letter Number: 018A00010754

FILED  
18 MAY 23 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Scarpantonio & Di Francesco Holding LLC

**ARTICLE II - Address:**

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

3517 NW 115<sup>th</sup> AVE  
Doral FL 33178

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

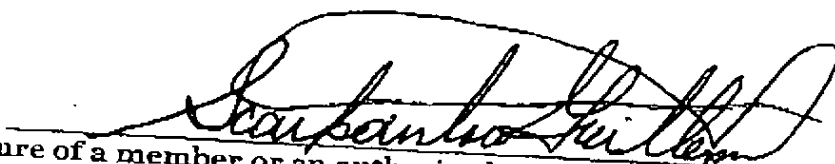
3517 NW 115<sup>th</sup> AVE  
Doral FL 33178  
Guillermo Scarpantonio

**ARTICLE IV**

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Guillermo Scarpantonio (AMBR)  
Gianni di Francesco (AMBR)

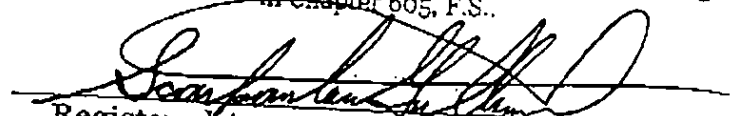
Required Signatures:

  
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. 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.

Guillermo Scarpantonio  
Typed or printed name of signee

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)

FILED  
18 MAY 23 AM 11:05  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA