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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : ROSILLO & ASSOCIATES, P.A.  
Account Number : I19990000127  
Phone : (305)477-5671  
Fax Number : (305)477-2640

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

Email Address: BARBARAPUGLISI@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.

Villa Modica, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is Villa Modica, LLC

ARTICLE II - ADDRESS

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

3301 Whitestone Cir Unit 305  
Kissimmee, Florida 34741

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

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

Barbara Puglisi  
3301 Whitestone Cir Unit 305  
Kissimmee, Florida 34741

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.

  
Barbara Puglisi

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DIVISION OF CORPORATION  
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ARTICLE IV - MANAGEMENT

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

Name and Address:

Title MGR/AMBR - Authorized Member

Barbara Puglisi  
Avenida Mohedano, Casa 213-509  
Chacao, Caracas, Venezuela 1060

Title MGR/AMBR - Authorized Member

Tommaso Puglisi  
Avenida Mohedano, Casa 213-509  
Chacao, Caracas, Venezuela 1060

  
Signature of a member or an authorized representative of a member.

(In accordance with section 601.0201 (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 the State constitutes a third degree felony as provided for in s.817.155, F.S.)

  
Barbara Puglisi

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Filing Fees:

\$125.00 Filing Fee for Articles of Organization  
30.00 Certified Copy (Optional)  
5.00 Certificate of Status (Optional)

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