(Red	questor's Name)	
(Add	dress)	, , ,
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PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	-

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T SCHROEDER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE_12/3/201	3	<i>⇔WALK IN</i>
ENTITY NAME_	VINTAGE ITALIA HOLDINGS LLC	
OCUMENT NUI	IBER	
	PLEASE FILE THE ATTACHED AND RETURN	
	Plain Copy	
 	Certified Copy	
XXXX	Certificate of Status	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION*	*
COUNTRY OF DE	STINATION	
NUMBER OF CER	TIFICATES REQUESTED	
TOTAL OWED_	\$130.00 CHECK # 5491	
Please call Tin	a at the above number for any issues or concerns. Th	Pank you so much!

COVER LETTER

10:	Division of Corporations		- · · ·
	Vintage Italia Holdings LLC		
SUBJEC	Name	of Limited Liabil	ity Company
	osed Articles of Organization and te		
Please re	turn all correspondence concerning	this matter to the	following:
	Jerry M. Bello, Jr.		
		Name of	Person
	Vintage Italia LLC		
		Firm/Co	empany
	513 Main Street		
	,	Addi	ress
	Windermere, FL 34786		
	jbello@pastachips.com	City/State ar	nd Zip Code
	E-mail address: (to)	e used for future	annual report notification)
or further	information concerning this matter	, please call:	
	Jerry M. Bello, Jr.	973 _at (879-2677
	Name of Person		Daytime Telephone Number
Enclosed	is a check for the following amoun	ι:	
\$125.00 F		re & \$155.	00 Filing Fee & S160.00 Filing Fee, Gertificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES	DF ORGANIZATION FO	R FLORIDA LIM	TED LIABILITY COMPANY	**.
ARTICLE 1 - Name:				
The name of the Limited Liabil	lity Company is:			
Vintage Italia Hold	ines LLC			
(Must cor	tain the words "Limited	d Liability Comp	any, "L.L.C.," or "LLC.")	· · · · · · · · · · · · · · · · · · ·
ARTICLE II - Address:				
The mailing address and street a	address of the principal	office of the Lin	nited Liability Company is:	
Princip	nal Office Address:		Mailing Addre	<u>:ss</u> :
513 Main Street			513 Main Street	
Windermere, FL 34	786		Windermere, FL 34786	
A DELCT CHI CO.			 	
ARTICLE III - Registered Ag (The Limited Liability Company	ent. Registered Office cannot serve as its ow	, & Registered 2	Agent's Signature:	ividual or
another business entity with an	active Florida registrati	on.)	inc. 1 ou man designate an mo	Victali Oi
The name and the Florida street	address of the registere	d agent are:		
	Jerry M. Bello, Jr.			
		Name		를 유 .
	513 Main Street			
	Florida street address (P.O. Box NOT acceptable)			
	Windermere	FL_	34786	
	City	State	Zip	=== セ 心 ・
Having been named as registered a	igent and to accept serv	ice of process for	the above stated limited lia b 70	🤫 ω .
further agree to comply with the pr	v aereny accept me app ovisions of all stantes r	omment as regis elation to the oes	tered agent and agree to act in	this capacity. I
am familiar with and accept the ob	ligations of my position	us registered age	per and complete performance In as provided for in Chapter 6	of my duties, and I = 05, F.S.,
		1		
	Regist	ered Agent's Sig	nature (REQUIRED)	
		467433199131111		
		(CONTINUE)	D)	

Title: Name and Addr	2531
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR Jerry M. Bello, J	r
513 Main Stree	
Windermere, FL	. 34786
	. –
	
	<u> </u>
	
(Use attachment if necessary)	22 B
(Over annual transferred to the control of the cont	\$5 O
LEV: Effective date, if other than the date of filing:	(OPTIONAL) &
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fective date is listed, the date must be specific and cannot be more (than five business days prior to or, 20
ective date is listed, the date must be specific and cannot be more (of filing.)	<u> </u>
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

5.00 Certificate of Status (Optional)