

L18000290181

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.

((H18000360439 3)))



H180003604393ABC1

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: _____

SECRETARY OF STATE
ALL AMASSEE
18 DEC 20 AM 9:58

**FLORIDA LIMITED LIABILITY CO.
GOLD PATIO WYNWOOD LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 20 2018

C Kinsey

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

GOLD PATIO WYNWOOD LLC

ARTICLE II - Address:

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

2621 NW 2ND AVE #28

33127 MIAMI, FL

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.)*

NAPOLETANA HOSPITALITY LLC

201 SE 2ND AVE

33131 MIAMI, FL

18 DEC 20 AM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

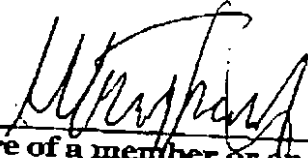
ARTICLE IV

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

TANIA GAROFALO (MEMBER)

EFISIO MASCIA (MEMBER)

NAPOLETANA HOSPITALITY LLC (AMBR)

Required Signatures:

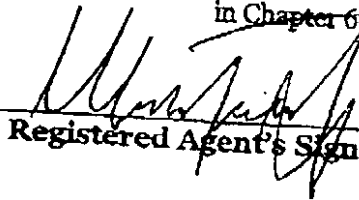
Signature of a member or an authorized representative of a member.

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.

RAFFAELLO TRAMMA

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 DEC 20 AM 05:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA