(Requestor's Name)
(Address)
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# FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2019

KATHLEEN MCCLAY
SEMANOFF ORMSBY GREENBERG & TORCHIA, LLC
2617 HUNTINGDON PIKE
HUNTINGDON VALLEY, PA 19006

SUBJECT: ALLA BREVE, LLC Ref. Number: L19000124268

We have received your document and check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE REVIEW THE FOURTH CATEGORY OR LEAVE BLANK.

Please return 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) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 819A00009974

www.sunbiz.org

Ditt CO . . . . . . . DO DOY COOR Mallabarra Flattle 99914

### COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Alla Breve, LLC	
	of Surviving Party
The enclosed Certificate of Merger and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to	 xo; 
Kathleen McClay	
Contact Person	
Semanoff Ormsby Greenberg & Torchia, LLC	
Firm/Company	
2617 Huntingdon Pike	
Address	
Huntingdon Valley PA 19006	
City, State and Zip Code	
kmcclay@sogtlaw.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please ca	
Kathleen McClay at (215	887-0200
Name of Contact Person	Area Code Daytime Telephone Number
☐ Certified copy (optional) \$30.00	
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section	Amendment Section
Division of Corporations Clifton Building	Division of Corporations
2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	
CR2E080 (2/14)	

# Articles of Merger For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

<u>Name</u>	<u>furisdi¢tion</u>	Form/Entity Type
Alla Breve, LLC	Florida	LLC [1921111126
Pitcairn Productions, LLC	California	LLC
	_	
	_	
SECOND: The exact name, form/entit	y type, and jurisdiction of the <u>sur</u>	viving party are as follows:
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Alla Breve, LLC	Florida	LLC

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

2019 HAY 31 PM 12: 1

FOUL	RTH: Please check one of the l	ooxes that apply to	surviving ent	ity: (if applicable	)	
	This entity exists before the mare attached.	erger and is a don	 iestic filing ci 	ntity, the amendar	ent, if any to its public	organic record
蜃	This entity is created by the m	erger and is a don	 lestic filing er	ntity, the public o	rganic record is attache	ed.
a	This entity is created by the m liability partnership, its statem			liability limited p	artnership or a domest	ic limited
ā	This entity is a foreign entity of mailing address to which the of Florida Statutes is:					
		_ <del></del>				<del></del>
	<u>I:</u> This entity agrees to pay any .1006 and 605.1061-605.1072, I		raisal rights t	he amount, to wh	ich members are entit	led under
	1: If other than the date of filin fter the date this document is fil				a cannot be prior to no	r more than 90
	May 3	0, 2019				
	If the date inserted in this block document's effective date on the				uirements, this date w	ill not be listed
SEVE	NTH: Signature(s) for Each Pa	rty:			·	
Name (	of Entity/Organization:	Sig	jjenurc(a): /		Typed or Printed Name of Individual	
Alla Bı	reve, LLC		Doing !	inslutte	Elizabeth Kingsle	ey Pitcaim
Piteairr	Productions, LLC		Locall	instertula	الله التعاليم Elizabeth Kingslo	y Pitceirn
				<u> </u>		
Corpor	rations:	(If no directors	selected, sign	resident or Offic nature of incorpo	rator.)	
Florida Non-Fl	el partnerships: a Limited Partnerships: orida Limited Partnerships: d Liability Companies:	Signature of a gas Signatures of a gas Signature of a gas Signature of an	ll general part jeneral partne	r:	erson	
Fees:	For each Limited Liability Co For each Limited Partnership: For each Other Business Entit		\$25.00 \$52.50 \$25.00		poration: heral Partnership: hay (ontional):	\$35.00 \$25.00 \$30.00

	COY	PRESTER
	New Filing Section Division of Corporations	
SUBJEC	Alla Breve, LLC	
000000		ited Liability Company
The enclo	sed Articles of Organization and fee(s) are	submitted for filing.
Please rei	urn all correspondence concerning this ma	Ler to the following:
	Kathleen McCiay	
		Name of Person
	Semanoff Ormsby Greenberg & Torchi	a, LLC
		Firm/Company
	2617 Huntingdon Pike	
		Address
	Huntingdon Valley PA 19006	
		ity/State and Zip Code
	kmcclay@sogtlaw.com F-mail address: (to be used	for future annual report notification)
For further	information concerning this matter, please	
	Kathleen McClay 21	
	at (	rea Cade Daytime Telephone Number
Énclosed	is a check for the following amount:	
	Filing Fee S130.00 Filing Fee & Certificate of Storus	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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  Talluhassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

٨	КT	TÇ.	LE, I	- N	ame:
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The name of the Limited Liability Company is:

Alla Breve, LLC

(Must contain the words "Limited Liability Company, "L.L.C," or "L.L.C.")

ARTICLE II - Address:

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

#### Principal Office Address:

Mailine Address:

 640 Clematis St.
 640 Clematis St.

 #1282
 #1282

 West Palin Beach FL 33401
 West Palm Beach FL 33401

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Fforida registration.)

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

Elizabeth Kingsley Pitcaim

Name

640 Clematis Street #1282

Florida street address (P.O. Box NOT acceptable)

West Palm Beach FL 33401
City State Zip

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 abiligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Stanture (REQUIRED)

(CONTINUED)

ARTICLE IV- The name and address of each person authoriz	ed to manage and control the Limited Liability Company:
Title: "AMBR" - Authorized Member	Same and Address:
"MGR" = Manager	
AMBR	Elizabeth Kingsley Pitchim
	640 Clematis Street #1282
	West Palm Deach FL 33402
(Use attachment if necessary)	
(,,,	
CLE V: Effective date, if other than the date of fift	ing May 30, 2019 (OPTIONAL)
te of filling.) . If the date inserted in this block does not meet th	nad cannot be more than five business days prior to or 90 days a  he applicable statutory ((ling requirements, this dute will not be list)
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