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COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	CENTRO COMMERCIALE G	IANTURCO L	L.C.	
SOBJEC		of Limited Lia	bility Company	_
The encle	osed Articles of Organization and fee	(s) are submitt	ed for filing.	
Please re	turn all correspondence concerning th	nis matter to th	e following:	
		Name	of Person	
	SmallBiz.Com			
		Firm/	 Company	
	PO Box 13092			
		Ac	idress	
	Tucson, AZ 85732			
	info@smallbizagents.com	City/State	and Zip Code	
	E-mail address: (to be	used for futur	e annual report notification)	
For further	information concerning this matter.	please call:		
	Michael Banner	520 at (881-3989)	
	Name of Person	Area Code		_
Enclosed	is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Fee Certificate of State	ıs LUCeri	ified Copy Certifica onal copy is enclosed) Certified	Filing Fee, te of Status & Copy copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section	
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

CENTRO COMMERCIALE GIANTURCO L.L.C.

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

ARTICLE II - Address:

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

Principal Office Address:	Maning Address:
800 Ocala Rd. Ste 300-271	800 Ocala Rd. Ste 300-271
Tallahassee, FL 32304	Tallahassee, FL 32304

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 unother business entity with an active Florida registration.)

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

SmallBiz Agents, L	LC	
	Name	•
800 Ocala Rd. Ste 3	00-271	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tallahassee	FL	32304
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 obligations of my position as yegistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager MGR	LUIGI VITIELLO	
MOR	Via Luca Giordano 93	
	Napoli (NA) ITALY	
		
(Use attachment if necessary)		
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