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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
,					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
					
Special Instructions to Filing Officer:					
<u> </u>					

Office Use Only



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M Districts

COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC*	RESIDENZE VILLARICCA 2 L	.L.C.	
SOBJEC		Limited Liabili	ty Company
The enclo	sed Articles of Organization and fee(s	are submitted	for filing.
Please reti	urn all correspondence concerning this	s matter to the f	ollowing:
		Name of	Person
	SmallBiz.Com		
		Firm/Co	mpany
	PO Box 13092		
	 	Addro	rss
	Tucson, AZ 85732		
		City/State and	l Zip Code
	info@smallbizagents.com	and for forms	nnual report notification)
Paul Grade su			muar report northeatenry
For lurener	information concerning this matter, pl	ease can:	
	Michael Banner	520	881-3989
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00 F	_	Certific	0 Filing Fee & S160.00 Filing Fee, cd Copy (Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section
	Division of Corporations P.O. Box 6327		Division of Corporations Clitton Building

Tallahassee, Fl. 32314

2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RESIDENZE VILLARICCA 2 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:

Mailing 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 another business entity with an active Florida registration.)

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

SmallBiz Agents, L		
	Name	
800 Ocala Rd. Ste 3	300-271	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	eceptable)
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 registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 1011 3131

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager MCR FEDERICO TERRACCIANO Via Curzio Malaparte n. 8, Scala G. Int. 2 Pozzuoli (NA) ITALY (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. This company is registered as continuation of business of the company "RESIDENZE VILLARICCA 2 S.R.L.", with registered office in Centro Direzionale Napoli, Isola G1 - Scala C - Piano 6 - Int. 43, 80143 Napoli (NA), Italy, social capital Euro 10,000.00, paid up in full, registered at the Company House and Chamber of Commerce of Napoli with Tax ID n. 08866111217, and the Napoli's REA (Economic Administrative Repertoire) with number NA-990830. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Michael Banner