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(Business Entity Name)						
(Document Number)						
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COVER LETTER

TO: New Filing Section **Division of Corporations**

DIPIU MARKET LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Irina Roth Neumann, Esq.

Name of Person

Roth Private Advising Law

Firm/Company

78 SW 7th Street, Suite 500

Address

Miami, FL 33130

City/State and Zip Code

irina@rothpalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

798-8878 Irina Roth Neumann, Esq. 305 at (Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee

□\$130.00 Filing Fee & □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DIPIU MARKET LLC

c/o Roth Private Advising Law

78 SW 7th St., Suite 500

Miami, FL 33130

(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:

c/o Roth Private Advising Law 78 SW 7th St., Suite 500

Miami, FL 33130

Mailing Address:

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:

Roth Private Advis	ing Law			
	Name			
78 SW 7th Street, Suite 500,				
Florida street addre	ess (P.O. Box <u>NOT</u> ac	ceptable)		
Miami,	Fl	33130		
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)

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ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR	Mario Alberto Margiotta Gallina c/o Roth Private Advising Law. 78 SW 7th St., Suite 500, Miami, FL 33130	-	
MGR	Mario Margiotta Amendola c/o Roth Private Advising Law, 78 SW 7th St Suite 500. Miami. FL 33130	20 (M)	•4•
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ________. (OPTIONAL) (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,

REQUIRED SIGNATURE:

la venargadia DE LE 2020 de la Galta Alt

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

Mario Alberto Margiotta

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)