

L22000021517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

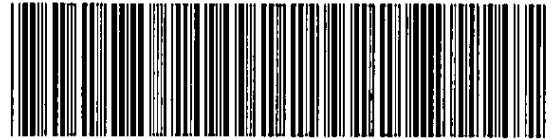
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TALLAHASSEE, FL

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/18/2022

NAME: MOLTENI MIAMI LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE *a Hodge*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2022

FLORIDA FILING

SUBJECT: MOLTENI MIAMI LLC
Ref. Number: W22000005899

We have received your document for MOLTENI MIAMI LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Not sure how to index the names of CARLO MOTENI with DOTT AND ING in front of name please advise.

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) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 722A00001408

Hello, please note that Dott is the abbreviation for Doctor and Ing is the abbreviation for Engineer. We respectfully ask that with this information, the document is approved for filing and we maintain our file date of 1/19/2022

Thank you,

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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2022 JAN 20 PM 1:53

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2022 JAN 18 AM 8: 20

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FL

Molteni Miami LLC

(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:

c/o Unifor Inc., 152 Madison Avenue, 8th Floor
New York, New York 10016

c/o Unifor Inc., 152 Madison Avenue, 8th Fl
New York, New York 10016

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:

Paracorp Incorporated

Name

155 Office Plaza Dr, 1st Floor

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

Tallahassee

FL

32301

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..

PLEASE SEE CONSENT AS ATTACHED

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2022 JAN 18 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FL

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

Dott. Carlo Molteni,
c/o Unifor Inc., 152 Madison Avenue, 8th Floor
New York, NY 10016

MGR

Piero Molteni,
c/o Unifor Inc., 152 Madison Avenue, 8th Floor
New York, NY 10016

MGR

Ing. Carlo Molteni,
c/o Unifor Inc., 152 Madison Avenue, 8th Floor
New York, NY 10016

MGR

Marco Piscitelli,
c/o Unifor Inc., 152 Madison Avenue, 8th Floor
New York, NY 10016

(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.

The purpose of Molteni Miami LLC is to operate and conduct all business activities legally permitted in the State of
Florida.

REQUIRED SIGNATURE:

/s/ Elena Spinelli

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.

Elena Spinelli

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)

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

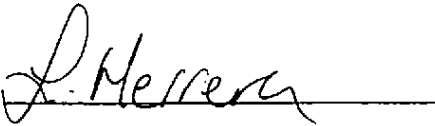
DATE: 1/18/2022

ENTITY NAME: Molteni Miami LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Leticia Herrera, Assistant Secretary
Paracorp Incorporated

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TALLAHASSEE, FL