

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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FLORIDA LIMITED LIABILITY CO.

INDUSTRIA EXTRUFAN, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

T. SCOTT

FEB 03 2022

22 FEB -2 PM 12:43

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name: The name of the Limited Liability Company is:

INDUSTRIA EXTRUFAN, LLC

ARTICLE II – Address:

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

Principal Office Address:

1110 Brickell Avenue, Suite 407
Miami, FL 33131

Mailing Address:

1110 Brickell Avenue, Suite 407
Miami, FL 33131

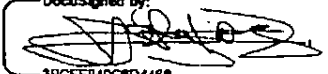
ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Melquior Gabriel Castiglione

1110 Brickell Avenue, Suite 407
Miami, FL 33131

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.

DocuSigned by:

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Registered Agent's Signature

22 FEB -2 PM 12:43
LAZARUS CORPORATE

ARTICLE IV – Manager(s) or Authorized Member(s):

The name and address of each Manager or Authorized Member is as follows:

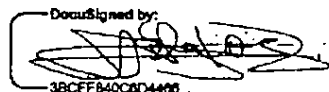
Title:

Name and Address:

Authorized Member	MELQUIOR GABRIEL CASTIGLIONE
Authorized Member	GLAN FRANCESCO CASTIGLIONE
Authorized Member	FRANCESCO ALTILIO
Authorized Member	VITTORIO FRANCO ALTILIO

Address: 1110 Brickell Avenue, Suite 407, Miami, FL 33131

REQUIRED SIGNATURE:

DocuSigned by:

3BCFFB40C8D4406...

**Signature of a member or an authorized
representative of a member.**

(In accordance with section 605.0203(1)(b), Florida
Statutes, the execution of this document constitutes an
affirmation under the penalties of perjury that the facts
stated herein are true.)

Melquior Gabriel Castiglione

Typed or printed name of signee