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	<b>INC.</b> P.O. Box		<ul> <li><sup>6</sup> 236 East 6th Avenue. Tallahassee, Florida 32303</li> <li>6 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666</li> </ul>		
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	COVER,LETTER	
	New Filing Section Division of Corporations	
	LOMBARDIS BRAND EXPERIENCE LLC	
SUBJEC	CT:	
	Name of Limited Liability Company	
The encl	osed Articles of Organization and fee(s) are submitted for filing.	
Please re	turn all correspondence concerning this matter to the following:	
	AMIRA N. BENNAI, ESQ.	
	Name of Person	
	Firm/Company	
	1395 BRICKELL AVENUE SUITE 800	
	Address	
	MIAMI, FL 33131	
	City/State and Zin Code	
	City/State and Zip Code amira@brlawgrp.com	22
For further	amira@brlawgrp.com E-mail address: (to be used for future annual report notification)	DIVISION OF 22 AUG 22
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	amira@brlawgrp.com         E-mail address: (to be used for future annual report notification)         r information concerning this matter, please call:         Amira Bennai       786         at ()	SECRETARY OF SIN
Enclosed	amira@brlawgrp.com         E-mail address: (to be used for future annual report notification)         r information concerning this matter, please call:         Amira Bennai       786         at ()         Name of Person       Area Code         Daytime Telephone Number	SECRETARY OF STATE ISTON OF CORPORATION: AUG 22 PM 8: 37 ng Fee. Status &
Enclosed	amira@brlawgrp.com         E-mail address: (to be used for future annual report notification)         r information concerning this matter, please call:         Amira Bennai       786        at ()         Name of Person         Area Code         Daytime Telephone Number         H is a check for the following amount:         00 Filing Fee       \$\$155.00 Filing Fee & \$\$160.00 Filing Certificate of Status         Certified Copy       Certified Copy         (additional copy is enclosed)       Certified Copy         (additional copy is enclosed)       Certified Copy         (additional copy is enclosed)       Street Address	SECRETARY OF STATE ISTON OF CORPORATION: AUG 22 PM 8: 37 ng Fee. Status &
Enclosed	amira@brlawgrp.com         E-mail address: (to be used for future annual report notification)         r information concerning this matter, please call:         Amira Bennai       786        at ()         Name of Person         Area Code         Daytime Telephone Number         H is a check for the following amount:         00 Filing Fee       \$\$155.00 Filing Fee & \$\$160.00 Filing Certificate of Status         Certified Copy       Certificate of Status         (additional copy is enclosed)       Certified Copy         (additional copy is enclosed)       Certified Copy	SECRETARY OF STATE ISTON OF CORPORATION: AUG 22 PM 8: 37 ng Fee. Status &

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#### ARTICLES OF ORGANIZATION

#### FOR

# LOMBARDIS BRAND EXPERIENCE LLC

THE UNDERSIGNED hereby makes, subscribes, acknowledges and files these Articles of Organization of **LOMBARDIS BRAND EXPERIENCE LLC**, a Florida limited liability company, formed under of Chapter 605, Florida Statutes, the Florida Revised Limited Liability Company Act ("<u>Act</u>").

#### **ARTICLE I - Name:**

The name of the limited liability company is **"LOMBARDIS BRAND EXPERIENCE LLC"** (the "Limited Liability Company").

## **ARTICLE II - Existence:**

The existence of this Limited Liability Company shall commence on the date these Articles of Organization are filed with the Florida Department of State.

## **ARTICLE III - Purpose:**

The Limited Liability Company is formed to engage in any lawful act or activity for which limited liability companies may be organized under the Act.

## **ARTICLE IV - Address:**

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

89 NE 27TH STREET SUITE 105 MIAMI, FL 33137

#### **ARTICLE V – Registered Agent:**

The registered agent for service of process on the Limited Liability Company shall be:

SHERPANOS LLC 89 NE 27TH STREET SUITE 105 MIAMI, FL 33137

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 farther 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.

Lisandro Orfila, Authorized Representative.

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# ARTICLE VI - Management:

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The management of the Limited Liability Company is reserved to the Manager(s). The Initial Managers of the Limited Liability Company are:

LISANDRO ORFILA 89 NE 27TH STREET SUITE 105 MIAMI, FL 33137

SANTIAGO LOMBARDI 89 NE 27TH STREET SUITE 105 MIAMI, FL 33137

IN WITNESS THEREOF, the undersigned, has made and subscribed these Articles of Organization at Miami, Miami-Dade County, Florida for uses and purposes aforesaid this 3<sup>rd</sup> day of February, 2022.

This document is executed in accordance with section 605.0203 (I) (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.

Q?

Lisandro Orfila, Manager

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