

L22000436499

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6381

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
CASA CASA ITALIA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2022 OCT 11 PM 12: 20

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

22 OCT 11 PM 12: 35

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Handwritten signature

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CASA CASA ITALIA, LLC

(Must end with 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:

2157 SOUTH U.S. HIGHWAY ONE
JUPITER, FLORIDA 33477

Mailing Address:

2157 SOUTH U.S. HIGHWAY ONE
JUPITER, FLORIDA 33477

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:

CYRILLA J YANEZ

2157 SOUTH U.S. HIGHWAY ONE

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

JUPITER, FLORIDA 33477

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

(CONTINUED)

Page 3 of 3

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TALLAHASSEE, FLORIDA

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:

CYRILLA J. YANEZ, MGR

2157 SOUTH U.S. HIGHWAY ONE
JUPITER FLORIDA 33477

REF SECURITIES & Co LLP, AMBR

12 SOUTH MAIN STREET, Suite 203,
NORWALK, CT 06854

ARTHUR COHEN, AMBR

4 SIDE HILL ROAD
WESTPORT, CT. 06880

(Use attachment if necessary)

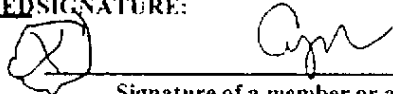
ARTICLE V: Effective date, if other than the date of filing: OCTOBER 10, 2022 (OPTIONAL)

(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:



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.

CYRILLA J. YANEZ

Typed or printed name of

Filing Fee:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA
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