

**L22000471803**

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To:  
 Division of Corporations  
 Fax Number : (850)617-6381

From:  
 Account Name : ARIMIR SERVICES GROUP LLC  
 Account Number : I20200000022  
 Phone : (305)298-6579  
 Fax Number : (305)643-5225

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

Email Address: deyanee@mybues.net

**FLORIDA LIMITED LIABILITY CO.**  
**ITALIAN RENAISSANCE REAL ESTATE DEVELOPMENT LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

2022 NOV -3 PM 1:21

22 NOV -3 PM 12:35  
 TALLAHASSEE, FLORIDA

*Handwritten mark*

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ITALIAN RENAISSANCE REAL ESTATE DEVELOPMENT 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:

950 S PINE ISLAND RD A-150  
PLANTATION, FL 33324

Mailing Address:

1200 WEST AVEN UNIT 1514  
MIAMI BEACH FL 33139

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:

DEYANIRE GONZALEZ

Name

720 E COCO PLUM CIR # 8

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

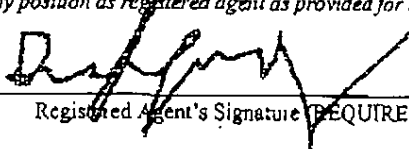
PLANTATION                      FLORIDA                      33324

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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ALL INFORMATION IS  
CONFIDENTIAL

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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

ROBERTO BALSAMO

1200 WEST AVEN UNIT 1514

MIAMI BEACH, FL 33139

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

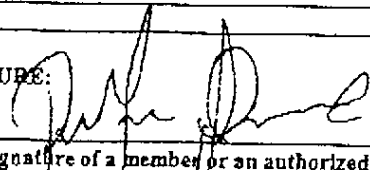
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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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.

ROBERTO BALSAMO

Typed or printed name of signee

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RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32304

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