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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
2th annual Cabatta Carlo de La Carlo de Carro de	

The name of the Limited Liability Company is:

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:
21297 Bellechasse Cart	21297 Bellahossect.
130ca Ration F1, 33433	Boca Parton FL 33473

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:

Allan Hutensky
Name

21297 Bellechysse Ct.
Florida street address (P.O. Box NOT acceptable)

Boca Ruton FL 33433

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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMPA - MGA	Alessia Alberti 1297 Dellechosse Court Boon Ration F. 23437
4mBA-MGA	Allan Hutensky 21297 Bellechesse Court 13000 Raton FX 33403
AMBR - MGR	212 97 Bella Masse Count Boca Agton F1, 33433
(Use attachment if necessary)	1
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TICLE V: Effective date, if other than the date an effective date is listed, the date must be spedate of filing.) ote: If the date inserted in this block does not	ecific and cannot be more than five business days prior to or 90 days

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.

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)