7/10/23, 5.02 PM

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. NUOVO CUCINE LLC

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(((H230002418613))) ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

	NUOVO CUC	NE LLC			
(Must contain the wor	rds "Limited Liability Co		.C.," or "LLC.")		
	•		*		
ARTICLE II - Address: The mailing address and street address of th	he principal office of the	Limited Liab	ifity Company is:		
Principal Office Address	::		Mailing Address:		
240 W 68TH ST, APT					
		240 W 68TH ST, APT 201			
HIALEAH, FL 3301			HIALEAH, FL 33014		
HIALEAH, FL 3301	4	and Agains's S	HIALEAH, FL 33014		
HIALEAH, FL 3301 ARTICLE III - Registered Agent, Regist The Limited Liability Company cannot ser mother business entity with an active Flori	ered Office, & Register we as its own Registered da registration.)		HIALEAH, FL 33014		
	dered Office, & Register re as its own Registered ida registration.)	Agent. Your	HIALEAH, FL 33014 Ignature: must designate an individual or		
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 H_{3} place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I Jurther agree to comply with the provisions of all statutes relating to the proper and complete performance of my didies, and i am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered gent's Signature (REQUIRFD)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	JORGE KAMISO	
	240 W 68TH ST, APT 201	
	HIALEAH, FL 33014	
AMBR	DAYANNA F. GONCALVES	
	240 W 68TH ST, APT 201	
	HIALEAH, FL 33014	
		
		
		
(Use attachment if necessary)		
the date of filing.)	fic and cannot be more than tive business days prior to out the applicable statutory filing requirements, this date will State's records.	-
ARTICLE VI: Other provisions, if any,		
REQUIRED SIGNATURE:	3C 6A X (SO 2 1/2) 2023 20:28 EDT)	
Signature of a mem This document is executed I am aware that any false in	ber or an authorized representative of a member, in accordance with section 605,0203 (1) (b). Florida Status formation submitted in a document to the Department of Status as provided for in \$.817,155, F.S.	ies.
	JORGE KAMISO	
	Typed or printed name of signed	202
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