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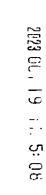
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| Special Instructions to Filing Officer: | |
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COVER LETTER

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| | w Filing Section rision of Corporations | | | |
|----------------|--|-----------------------|--|---|
| SUBJECT: | Plateroti Industries | | | |
| SUBJECT: | | me of Limited Liabi | lity Company | |
| The encloses | d Articles of Organization and | I fee(s) are submitte | d for filing. | |
| Please return | all correspondence concerni | ng this matter to the | following: | |
| | Carrie Plateroti | | | |
| - | | Name o | f Person | |
| | Plateroti Industries | | | |
| • | ·- | Firm/C | ompany | |
| | 8550 North West 155Th Stree | et | | |
| - | | Add | ress | |
| | Trenton, Florida 32693 | | | |
| n | laterotiindustries@gmail.com | - | nd Zip Code | |
| <u>r</u> | | | annual report notificat | ion) |
| For further in | formation concerning this ma | tter, please call: | | |
| (| Carrie Plateroti | 352 at (| 2108988 | |
| - | Name of Person | | Daytime Telephon | |
| Enclosed is | a check for the following amo | ount: | | |
| ■\$125.00 | Filing Fee \$\Begin{align*} | Status Certi | 55.00 Filing Fee & fied Copy nal copy is enclosed) | ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address | | Street Address | |
| | New Filing Section Division of Corporation | ns | New Filing Section D The Centre of Tallah | |
| | P.O. Box 6327 | | 2415 N. Monroe Stre | et, Suite 810 |
| | Tallahassee, FL 32314 | | Tallahassee, FL 3230 | J.S |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--|--|
| The name of the Limited Liability Company is: | |
| | |
| Plateroti Industries LLC | |
| (Must contain the words "Limited Liabili | ty Company, "L.L.C.," or "LLC.") |
| ADTICLE II Addresse | |
| ARTICLE II - Address: The mailing address and street address of the principal office of | f the Limited Liability Company is: |
| - · · · · · · · · · · · · · · · · · · · | |
| Principal Office Address: | Mailing Address: |
| 8550 North West 155 Street | Same - 8550 North West 155th Street |
| Trenton, FL 32693 | Trenton, FL 32693 |
| | |
| AND CORNEL DO CARROLL DO COMPANY A OFFICE R. B. | sintannal tamatic Signatures |
| ARTICLE III - Registered Agent, Registered Office, & Rej (The Limited Liability Company cannot serve as its own Regis | tered Agent. You must designate an individual or |
| another business entity with an active Florida registration.) | tered rigeria. For many designate an increase and |
| , | |
| The name and the Florida street address of the registered agen | .are: |
| Nadina M Nan | Truin |
| Nan | ie · |
| 3110 1/204 | 15 / lup Ciala) |
| <u> </u> | Pa Clad Critic |
| Florida street address (P.O | |
| Orlando, I-1 | 32822 |
| City | State Zip |
| | |
| laying been named as registered agent and to accept service of place designated in this certificate, I hereby accept the appointme | process for the above stated limited liability company at the put as regulatoral agont and agree to act in this capacity. I |
| urther agree to comply with the provisions of all statutes relating | to the proper and complete performance of my duties, an |
| um familiar with and accept the obligations of my position as reg | istered agent as provided for in Chapter 605, F.S. |
| (100) | |
| | V/h |
| Registered A | agent' Signature (REQUIRED) |
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| (CC | ONTINUED) |
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ARTICLE IV-

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

| Citle: | | |
|--|--|---------------------------------|
| 'AMBR" = Authorized Member 'MGR" = Manager | | |
| _ | Carria Planara | |
| AMBR | Carrie Plateroti 8550 North West 155th Street | |
| | Trenton, FL 32693 | _ |
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| Use attachment if necessary) | | |
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