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## FLORIDA LIMITED LIABILITY CO. SCARCIELLO INTERNATIONAL LLC

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## 2024 JAN -3 PH 12: 15 ARTICLES OF ORGANIZATION FOR

## FLORIDA LIMITED LIABILITY COMPANY

A Filtra de
ARTICLE I - Name:
The name of the Limited Liability Company is:
SCARCIELLO INTERNATIONAL LLC
SCARCIELLO INTERNATIONAL
A PITTOT P
ARTICLE II - Address:
Commanding address and street address of the principle of
The mailing address and street address of the principal office of the Limited Liability  Company is:
1/00 1
1699 NW GTH AUE (MIANI 33136) FLORIDA # 513
TURING 33136) FLORIDA
# 612
TT S75
ADTICLETY
ARTICLE III - Registered Agent, Registered Office:
Company and the Florida street address of the registered agent
The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.)
- Legistration.)
Vincous Francis
MINCENTO SCARCIELLO 1699 NW LITH AUS 17:00, 33.250
VINCENZO SCARCIEUD 1699 NW GTH AUS (MANI 33136 FLOR.
APT +513
ARTICLE IV
The name and title of each name of
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
adomly company. (MGR of AMBR)
1/10-10- 5-00-1-
VINCENZO SCARCIEUD AMBR

## Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Depa tment of State constitutes a third degree felony as provided for in s.817.155, F S.

Vincento Scarcisco

Typed or printed name of signee

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 agnie 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 ager t as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)