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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer.	_





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COVER LETTER

TO:

New Filing Section

Div	vision of Co	rporations			
SUBJECT:	Sembroni	Consulting LLC			
SOBJECT.	<u></u>	Name	of Limited Lia	bility Company	
The enclose	d Articles of	Organization and fe	e(s) are submit	ed for filing.	
Please retur	n all correspo	ondence concerning t	his matter to th	e following:	
	Emmanuele	Sembromi			
	<u></u>		Name	of Person	
	Sembroni C	onsulting LLC			
			Firm/	Company	
	151 NE 16tl	n Avenue Apt 280			
	· · ·		Ac	ldress	<u> </u>
	Fort Lauder	dale, FL 33301			
ė	emmanuele.s	embroni@gmail.con	•	and Zip Code	
_		E-mail address: (to b	e used for futur	e annual report notificat	ion)
For further in	formation co	ncerning this matter.	please call:		
	Emmanuele	Sembromi	646 at (3094771	
-	Nam	e of Person	Area Code	Daytime Telephor	ne Number
Enclosed is	a check for t	he following amount	:		
■\$125.00	Filing Fee	□\$130.00 Filing Certificate of Stat	us Cert	155.00 Filing Fee & cified Copy conal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address	
		iling Section		New Filing Section D The Centre of Tallah	
		on of Corporations ox 6327		2415 N. Monroe Stre	
		assee, FL 32314		Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sembroni Consulting LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
E II - Address:	
ng address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address
Principal Office Address: 151 NE 16th Avenue apt 280	Mailing Address 151 NE 16th Avenue apt 280
<u> </u>	

The name and the Florida street address of the registered agent are:

Emmanuele Sembrom	Name	
	Name	
51 NE 16th Avenue a	pt 280	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Fort Lauderdale	FL.	33301
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)

ARTICLE IV-

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

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. Emmanuele Sembromi 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)	Jeannament of necessary) V: Effective date, if other than the date of filing:	AMBK - Aumonzed Men	-hau
AMBR Emmanuele Sembroni 151 NE 16th Avenue apt 280 Fort Lauderdale, Pt. 333901 V: Effective date, if other than the date of filling:	AMBR Emmanade Sembroni 151 NE 16th Avenue apt 280 Forn Lauderdade, Ft. 333901 V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. EOUIRED 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. Emmanuele Sembroni 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)	MCDII — Massault	iber
Jse attachment if necessary) V: Effective date, if other than the date of filing:	Jse attachment if necessary) V: Effective date, if other than the date of filing:	MGR" = Manager	
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 603.0203 (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.817.153, F.S. Ennuance Sembroni 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)	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. Enumanded Sembroni Typed or printed name of signee	AMBR	Emmanuele Sembromi
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