Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : AGENTS AND CORPORATIONS, INC.
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.

GIOZI LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$125.00

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T.S.H. 11/1/24

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

GIOZI LLC

(Must end with 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:
10275 COLLINS AVE STE 515 BAL HARBOR, FL 33154	10275 COLLINS AVE STE 515 BAL HARBOR, FL 33154

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:

AGENTS AND CORPORATIONS, INC.
Name

91 NINTH STREET SOUTH SUITE 330
Florida street address (P.O. Box NOT acceptable)

NAPLES FL 34102
City 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.

Agents and Corporations, Inc.

By: John L. Williams
Registered Agent's Signature (Required)
John L. Williams, President

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(CONTINUED)

ARTICLE IV-
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/ MGR	Lidel Marcelo Ziraldo 10275 COLLINS AVE STE 515 BAL HARBOR, FL 33154
AMBR	Zinnagi Irrevocable Trust 10275 COLLINS AVE STE 515 BAL HARBOR, FL 33154

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE: Lidel Marcelo Ziraldo
Lidel Marcelo Ziraldo (Oct 31, 2024 13:13 ADT)

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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Lidel Marcelo Ziraldo

Typed or printed name of signee

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