L24000052695 12/15/2024 11:12.58 F orida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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

Fmail	Address:			

FLORIDA LIMITED LIABILITY CO.

Zanuti Holdings LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

12/19/2024 11:12:58 PST To: 18506176381 Page: 2/3 Fax: 8134365206

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Zanuti Holdings LLC

(Must contain 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:

<u>Principal</u>	Office Address:	<u>Mai</u>	ling Address:
7901 4th St N		7901 4th St N	
STE 300		STE 300	
St. Petersburg	FI 33702	St Petershurn	FL 33702

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:

	Name		
7901 4th St N		STE 300	
Florida street addres	ss (P.O. Box <u>N</u> O	<u>)T</u> acceptable)	
St. Petersburg	FL	33702	
City	State	Z	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the 2014 BEC 19 MH 10:5 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)

12/18/2024 11 / 2.58 PST To: 18506176381 Page, 3/3 Fax: 8134365206

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

23 3 4 1 2 1 2 2 2 3 3 4 1 2 1 2 2 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Whitchill, Hugh
73000	7901 4th St N STE 300
	St. Petersburg, FL 33702
AMBR	De Cour Democrate Coursis Dedto Misural
AWBR	Da Cruz Damasceno Correia, Pedro Miguel 7901 4th St N STE 300
	St. Petersburg, FL 33702
an effective date is listed, the date must be	date of filing: 12/20/2024 . (OPTIONAL) especific and cannot be more than five business days prior to or 90 days a
RTICLE V: Effective date, if other than the can effective date is listed, the date must be cate of filing.)	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
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RTICLE V: Effective date, if other than the can effective date is listed, the date must be edate of filing.) ote: If the date inserted in this block does not edocument's effective date on the Department of the	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State gree felony as provided for in 8.817.155, F.S.
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