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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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RECEIVED

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

IL SOLE DI MARCELO LLC	
Please Debit FCA000000003 For: 125	
Thank you Seth Neeley	
Stoff	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Сеп. Сору
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier



August 1, 2024

CAPITAL CONNECTION, INC.

SUBJECT: FOUR A INVESTMENTS LLC

Ref. Number: W24000109710

We have received your document for FOUR A INVESTMENTS LLC. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

L22000426309

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey Regulatory Specialist II

Letter Number: 524A00017149

124 AUG -- 2 PM 2: 2.

COVER LETTER

	New Filing Section Division of Corpora	tions			
SUBJEC	IL SOLE DI MA				
	••	Name of Lim	iited Liabil	ty Company	
The enclo	sed Articles of Organ	nization and fee(s) are	submitted	for filing.	
Please ret	urn all corresponden	ce concerning this ma	tter to the f	ollowing:	
	ANA DE SA				
			Name of	Person	
	GOLDEN HILLS	SERVICES INC.			
			Firm/Co	mpany	
	2940 LOOPDALI	ELN			
			Addr	ess	
	KISSIMMEE FL	34741			
	ANALUIZASAMI	Ci ELLO@GMAIL.COM		d Zip Code	
	E-mail	address: (to be used	for future a	nnual report notificat	ion)
For further	information concerni	ng this matter, please	call:		
	ANA DE SA	40 at ()7	4215251 }	
	Name of P			Daytime Telephon	e Number
Enclosed	is a check for the foll	owing amount:			
≣\$125.0	0 Filing Fee □\$ Cei	130.00 Filing Fee & rificate of Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Ado New Filing S Division of C	ection		Street Address New Filing Section Di The Centre of Tallan	

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

IL SOLE DI MARC	CELO LLC			
(Must co	ontain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	t address of the principal o	office of the Limited	Liability Company is:	
Princ	cipal Office Address:		Mailing Address:	
118 HAMPTON RE	2#103		HAMPTON RD #103	
CLEARWATER, FL	33759	CLE	ARWATER, FL, 33759	
he name and the Florida stre	et address of the registere ERNESTO A. AMAY.	Α		
he name and the Florida stre		A Name		
The name and the Florida stre	ERNESTO A. AMAY.	A Name	eceptable)	
The name and the Florida stre	ERNESTO A. AMAY.	A Name	cceptable)	
The name and the Florida stre	ERNESTO A. AMAY. 118 HAMPTON RD # Florida street addres	Name /103 ss (P.O. Box <u>NOT</u> a	·	
aving heen named as registere ace designated in this certifica rther agree to comply with the	ERNESTO A. AMAY. 118 HAMPTON RD & Florida street address CLEARWATER City ed agent and to accept servette. I hereby accept the appropriates of all statutes repositions of my position	Name 103 SS (P.O. Box NOT as FL. State vice of process for the pointment as registere velating to the proper	Zip Zip above stated limited liability comed agent and agree to act in this can and complete performance of my as provided for in Chapter 605, F.	apacity. duties,

(CONTINUED)

ARTICLE IV-

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

AMBR" = /		
$MGR^{\circ} = M$	anager	
MGR	AMAYA, ENERSTO A	
	118 HAMPTON RD ≠103	· · · · · · · · · · · · · · · · · · ·
	CLEARWATER, FL 33759	
MGR	ACEVEDO VALLE, NANCY Y.	
	118 HAMPTON RD #103	
	CLEARWATER, FL.33759	
<u>_</u>		
		
		·-··
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tive date is filing.) he date inse ent's effecti	ve date, if other than the date of filing:	s prior to or 90 c
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tive date is filing.) ne date inseent's effecti	rted in this block does not meet the applicable statutory filing requirements, t ive date on the Department of State's records. provisions, if any.	s prior to or 90 c
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S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)

COVER LETTER

	ew Filing Sec vivision of Cor				
SUBJECT		DI MARCELO LLC			
COMBCI	•	Name of	f Limited Liabi	ity Company	
The enclos	sed Articles of	Organization and fee(s) are submitted	l for filing.	
Please retu	ırn all correspo	ondence concerning thi	s matter to the	following:	
	ANA DE SA	١			
			Name of	Person	
	GOLDEN F	HLLS SERVICES INC	· ·		
	-		Firm/Co	ompany	
	2940 LOOP	DALE LN			
			Addi	ress	nu su
	KISSIMME	E FL 34741			
	ANALUIZAS	SAMELLO@GMAIL.	City/State ar COM	d Zip Code	
-	i	E-mail address: (to be t	used for future a	annual report notificat	ion)
For further is	nformation co	ncerning this matter, p	lease call:		
	ANA DE SA		407	4215251	
	Nam	e of Person	Area Code	Daytime Telephon	ne Number
Enclosed is	s a check for ti	he following amount:			
	Filing Fee	□\$130.00 Filing Fe Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, Fl. 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabil	ity Company is:			
IL SOLE DI MARCE	EO LLC	_		
(Must cor	ntain the words "Limited	Liability Con	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the L	imited Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	:
118 HAMPTON RD	#103		118 HAMPTON RD #103	
CLEARWATER, FL.	33759		CLEARWATER, FL, 33759	
	·			
another business entity with an The name and the Florida stree	ERNESTO A. AMAY	d agent are: A Name 7103		
	Florida street addres	ss (P.O. Box 🏻	SOT acceptable)	
	CLEARWATER	FL	33759	
	City	State	Zip	
place designated in this certificate further agree to comply with the p	e. I hereby accept the apporovisions of all statutes ribligations of my position	pointment as re relating to the as registered	for the above stated limited liability egistered agent and agree to act in the proper and complete performance of agent as provided for in Chapter 602 Maya Signature (REQUIRED)	iis capacity. T Tmy duties, and

(CONTINUED)

ARTICLE IV-

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

"AMBR" = A		
	Authorized Member	
"MGR" = Ma	inager	
MGR		AMAYA, ENERSTO A
		118 HAMPTON RD #103
		CLEARWATER, FL.33759
MGR		ACEVEDO VALLE, NANCY Y.
-		118 HAMPTON RD #103
		CLEARWATER, FL.13759
ective date is		date of filing:
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\$ 5.00 Certificate of Status (Optional)