

LD6000088842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

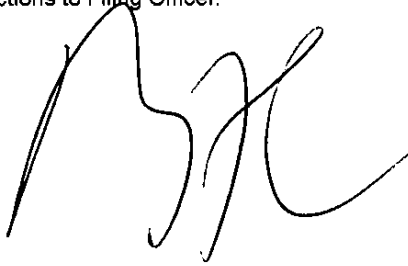
PICK-UP WAIT MAIL

(Business Entity Name)

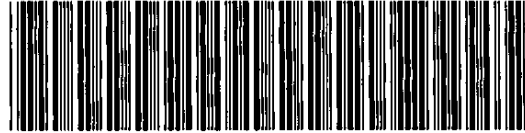
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RECEIVED
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
06 SEP 11 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 09/11/06

REF. #: 000399.57253

CORP. NAME: LA TOSCA, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 518463 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

OF

LA TOSCA, LLC

(Under §608.407 of the Florida
Limited Liability Company Act)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being the authorized representative or member of the limited liability company, hereby certifies that:

ARTICLE I – NAME

The name of the limited liability company shall be **LA TOSCA, LLC** (the “Company”).

ARTICLE II – ADDRESS

The mailing address and the street address of the principal office of the Company is:

Mailing Address:
3629 71st Terrace East
Sarasota, FL 34243

Street Address:
3629 71st Terrace East
Sarasota, FL 34243

ARTICLE III – REGISTERED AGENT

The name and street address of the Company’s initial registered agent for service of process in the State of Florida shall be: Gary Kauffman, Esq., c/o Dunlap & Moran, P.A., 1990 Main Street, Suite 700, Sarasota, FL 34236.

ARTICLE IV – MANAGEMENT

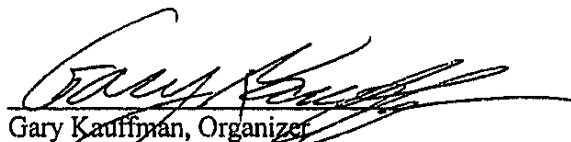
The Company shall be managed by one or more managers.

ARTICLE V – MEMBERSHIP RESTRICTIONS

Unless otherwise specified in the Company’s Operating Agreement: (a) members shall have the right to admit new members by majority consent; and (b) a member’s interest in the

Company may not be sold or otherwise transferred except with majority written consent of all members, as well as pursuant to any and all applicable provisions of the Company's Operating Agreement and/or Comprehensive Buy-Sell Agreement.

IN WITNESS WHEREOF, I have signed these Articles of Organization on September 11, 2006, as an authorized representative of the Company or a member thereof, and I affirm, under the penalties of perjury, that the facts stated herein are true.

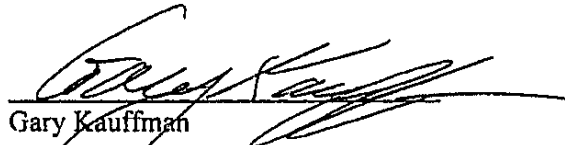

Gary Kauffman, Organizer
(an authorized representative
of the limited liability company)

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

The undersigned hereby accepts the designation as registered agent to accept service of process for the above-stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

(In accordance with §608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Registered Agent:


Gary Kauffman