

L12 Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
IRENE 5204 LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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G. MCLEOD

JAN 31 2012

EXAMINER

H1200025207

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

**IRENE 5204 LLC**

**ARTICLE I**

**The me of the Limited Liability Company shall:**

**IRENE 5204 LLC**

**ARTICLE II**

**The Company is organized for any legal and lawful purpose for which  
a limited liability company may be organized pursuant to the Act.**

**ARTICLE III**

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

**900 BISCAYNE BLVD #5204  
MIAMI, FL 33132**

**ARTICLE IV**

**The name of the Manager(s) shall be:**

**MANAGER  
MASSIMO BONETTI  
900 BISCAYNE BLVD# 5204  
MIAMI, FL 33132**

**MANAGER  
LETIZIA MENNUCCI  
900 BISCAYNE BLVD# 5204  
MIAMI, FL 33132**

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

**MASSIMO BONETTI  
900 BISCAYNE BLVD# 5204  
MIAMI, FL 33132**

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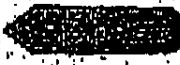
H/12 0000 27207

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

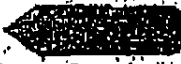
IRENE 5204 LLC

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

*Massimo Bonetti*   
Registered Agent

Massimo Bonetti

*Massimo Bonetti*   
Signature of a member or an authorized representative of a member.

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

MASSIMO BONETTI

Typed or printed name of signee

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