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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : WESLEY M. ROBINSON, PROFESSIONAL ASSOCIATION

Account Number: 075512003036 Phone: (305)377-3352 Fax Number: (305)377-1422

LIMITED LIABILITY COMPANY

Italinvest, L.L.C.

 Certificate of Status
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 Estimated Charge
 \$155.00

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ARTICLES OF ORGANIZATION

OF

ITALINVEST, L.L.C.

ARTICLE I- NAME

The name of this Limited Liability Company ("Company") shall be: ITALINVEST, L.L.C.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 3037 N.W. 82ND Avenue, Miami, Florida, 33122.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the initial registered agent of the Company is:

Wesley M. Robinson, Esq. 501 Brickell Key Drive, Suite 504 Miami, FL 33131

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 statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent as provided for the Chapter 608, F. S.

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is,

therefore, a manager-managed company

Signature of a member or an authorized representative of a member.

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

Printed Name: Wesley M. Robinson, Esq.

Prepared by: Welsley M. Robinson, Esq.

501 Brickell Key Drive, Suite 504

Miami, FL 33131