

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 922-4003

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 541-3694  
Fax Number : (305) 541-3770

L-10392

**LIMITED LIABILITY COMPANY**

**TOSCANA HOLDINGS, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	61
Estimated Charge	\$160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 AUG 29 PM 12:58

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

FOR

TOSCANA HOLDINGS, LLC

④

ARTICLE I. - NAME:

The name of this Limited Liability Company ("Company") shall be:

TOSCANA HOLDINGS, LLC

ARTICLE II. - ADDRESS

The mailing address and street address of the Company are:  
c/o Patricia Menendez Cambo, 1221 Brickell Avenue, Suite 2100, Miami, Florida 33131.

ARTICLE III. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV. - MANAGEMENT

The Company is to be managed by its managing member, the name and address of such managing member is:

Juan Villalonga  
c/o Patricia Menendez Cambo  
1221 Brickell Avenue, Suite 2100  
Miami, Florida 33131

ARTICLE V. - ADMISSION OF ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

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ARTICLE VI. - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall be: determined by a unanimous vote of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.



\_\_\_\_\_  
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.)

\_\_\_\_\_  
Pedro A. Martin

Print Name

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TALLAHASSEE FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

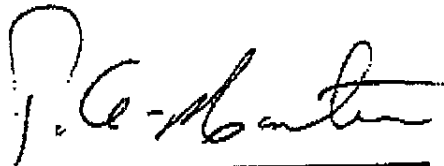
1. The name of the limited liability company is:  
  
TOSCANA HOLDINGS, LLC
2. The name and the Florida street address of the registered agent are:

PEDRO A. MARTIN, ESQ.  
NAME

Greenberg Traurig, P.A.  
1221 Brickell Avenue, Suite 2100  
Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33131  
CITY, STATE AND ZIP

*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 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.*



SIGNATURE  
Pedro A. Martin

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