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## **CORPORATE** ACCESS, 236 East 6th Avenue . Tallahassee, Florida 32303 INC. P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666 WALK IN PICK UP 8-26-03 60 CERTIFIED COPY (CORPORATE NAME & DOCUMENT #) SPECIAL INSTRUCTIONS\_

### ARTICLES OF ORGANIZATION OF IL LUGANO, LLC

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida do set forth the following:

#### ARTICLE I: NAME

The name of the Limited Liability Company is Il Lugano, LLC.

#### ARTICLE II: ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 325 Jacaranda Drive, Plantation, Florida 33324.

### ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Lawrence N. Rosen 21170 N. E. 22<sup>nd</sup> Court North Miami Beach, Florida 33180

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 as provided for in Chapter 608, F.S..

egistered Agent's Signature

#### ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by a manager.

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 penalties of perjury that the facts stated herein are true.)

Lawrence N. Rosen
Type Name of Signee