

Division of Corporations

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L03000039597Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FALLACE & LARKIN, L.C.
Account Number : I20000000191
Phone : (321) 951-9900
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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Lombardi, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the Limited Liability Company is Lombardi, LLC.

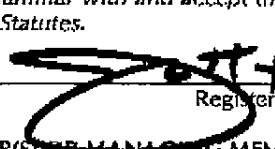
ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is: 5150 Commercial Drive, Ste. H, Melbourne, Florida 32940.

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

James H. Fallace
1900 S. Hickory Street, Ste. A
Melbourne, Florida 32901

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, Florida Statutes.

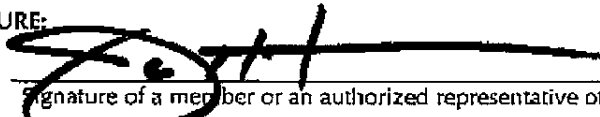

Registered Agent's Signature

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S):

The name and address of each Manager or Managing member is as follows:

<u>Title</u>	<u>Name and Address</u>
MGR	Avelina Barral Diz 5130 Commercial Drive, Ste. H Melbourne, Florida 32940

REQUIRED SIGNATURE:


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.)

James H. Fallace
Typed or Printed Name of Signee

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