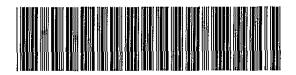
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DIVISION OF CORPORATION

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CORPORATION(S) NAME

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) Profit				
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) Reinstatement	(Reservation	() Change of Registered Agent
Certified Copy	(Photo Copies	() Certificate Under Seal
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Verifier	
Acknowledgment	
W.P. Verifier	

CERTIFIED COPY

造 1mp||TC Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: VOGIUE ITALIA BEACH
PIALE LLC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
300 SW 1st - Ave, Ft. Lauderdale, FL
a 33701
ARTICLE III . Registered Agent, Registered Office, & Registered Agent's Algentife:
The name and the Fiorida street address of the registered agent are:
mervyn Brody
300 SW 1 1/2 50 49
Finda street address (F.O. Box NOT secupiable)
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 as provided for in Chapter 608, F.S.

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

(In accordance with secuon 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.)

Typed or printed name of signee

\$100.00 Filing Fee for Articles of Organization

5 25.00 Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

First that MENUYN BRODG
desiring to organize under the laws of the State of Florida
with its principal office, as indicated in the articles of incorporation has
named NOGUE IMUM BONCHPLACE LLC
located at 300 SW 1ST- PUE
City of The Country of Browns State of Florida,
as its agent to accept service of process within this state

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.