# TOTICA Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

#### LIMITED LIABILITY COMPANY

#### trapana lle

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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Scirctary of State

January 30, 2004

EMPIRE

SUBJECT: TRAPANA LLC REF: W04000004178

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Trevor Brumbley Document Specialist FAX Aud. #: H04000021473 Letter Number: 604A00006547

SECRETARY OF STATE OF ALL ALLASSEET FOR THE ALLA

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

#### TRAPANA LLC

#### ARTICLE I

The name of the Limited Liability Company shall: TRAPANA LLC

#### ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

#### ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 561 OCEAN BLVD., GOLDEN BEACH, LF 33160.

#### ARTICLE IV

The name and the Florida street address of the registered agent are: RONALD TRAPANA, 561 OCEAN BLVD., GOLDEN BEACH, FL 33160

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### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

Trapaca II.C		
(Name of Company)		

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Ronald Trapaca

Registered Agent

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

as to mammer! REGISTERS AGENT

(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 betoin are true.)

Rosald Trapana

Typed or printed name of signee

30 PM 1: 15 SECRETARY OF JUNE TALLAHASSFE, FOREIN

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