

L-04000055313

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : KUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Godi La Vita LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

✓ 07/27/04

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Godi La Vita LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:1800 Second Street, Suite 7451800 Second Street, Suite 745Sarasota, FL 34236Sarasota, FL 34236

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Laura A. Plum CPAName1800 Second Street, Suite 745(P.O. Box or Mail Drop Box NOT Acceptable)Sarasota, FL 34236(City / State / Zip)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.



Registered Agent's Signature - Laura A. Plum CPA

ARTICLE IV - Manager(s) or Managing Member(s):

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

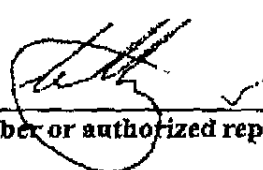
Werner J. Venter - 1321 Southbay Drive, Osprey, FL 34229

MGRM

Guiseppe Sarnari - 1800 Second Street, Suite 745, Sarasota, FL 34236

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Werner J. Venter

Typed or printed name of signee

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CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS

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