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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : INCORPORATIONS PAYROLL BOOKKEEPING SERVICES INC
Account Number : I20040000070
Phone : (786) 265-0059
Fax Number : (786) 265-0049

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04 DEC -3 PM 12:29

DIVISION OF CORPORATIONS

CLERK OF COURTS

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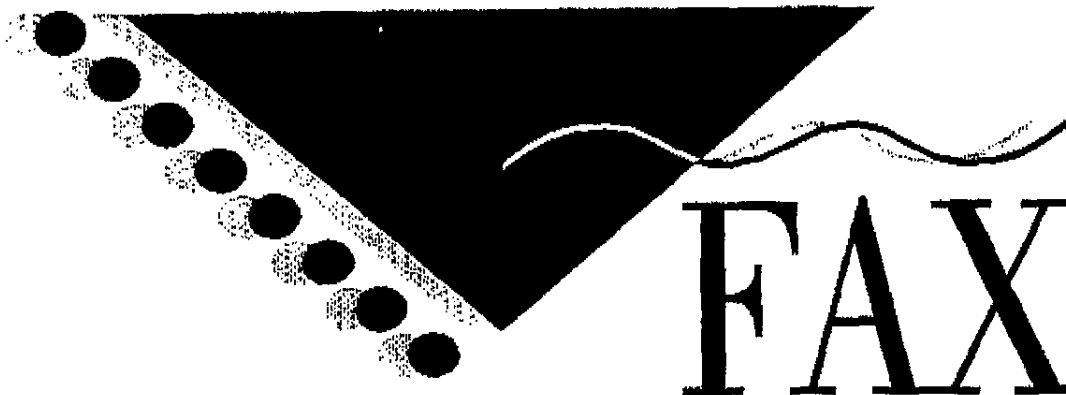
LIMITED LIABILITY COMPANY
ITALIAN FRIENDS LLC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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Corporate Filing

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Date and Time:	Friday, December 03, 2004	10:48 AM
To:	(850) 205-0383	
Company:	Division of Corporations	
Fax No.:	(850) 205-0381	
From:	Maria T. Victorero	
Company:	INCORPORATIONS, PAYROLL, AND BOOKKEEPING SERVICES, INC.	
Phone No.:	(788) 265-0058/59	
Fax No.:	(788)-265-0049	
No. of Pages:	04, including cover	
Message: RE: ITALIAN FRIENDS LLC.		

Please process the following ARTICLES of ORGANIZATION for FLORIDA LIMITED LIABILITY COMPANY:

FAX TO: Incorporations, Payroll, and Bookkeeping Services, Inc.

Thank.

MARIA.

04 DEC -3 AM 10:48
FLORIDA
LIMITED LIABILITY COMPANY

((H040002391973)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Italian Friends LLC.**ARTICLE II - Address:**

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

Principal Office Address:11401 NW 12 StreetSuite #308Miami, Florida 33172**Mailing Address:**1880 SweetBay WayHollywood, Florida 33019**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Ronald Ceban

Name

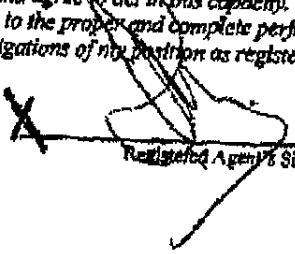
1880 SweetBay Way

Florida street address (P.O. Box NOT acceptable)

Hollywood, Florida 33019

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.

X 
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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JESSE, FLORIDA
PMA SPD

FROM: MIKINO

FAX NO. : 3055391909

Dec. 02 2004 08:58PM P3

((CH040002391973)))

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

RONALDO CABBANI
1800 SWEETBAY WAY
HOLLYWOOD, FLORIDA 33019

MGRM

ITALIAN INTERNATIONAL
11401 NW 12 ST., STE. #308
MIAMI, FLORIDA 33172

MGRM

GABRIELA LAHAM
11401 NW 12 ST., STE. #308
MIAMI, FLORIDA 33172

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

(In accordance with section 602.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RONALDO CABBANI

Typed or printed name of signer

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MILLER & CO. FLORENCE

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