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LAZARUS CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. TUSCANY HOUSE L.L.C.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I
NAME**

The name of the Limited Liability Company is: TUSCANY HOUSE L.L.C.

**ARTICLE II
ADDRESS**

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

Principal Office Address:

9519 SW 154TH PLACE
MIAMI, FL 33196

Mailing Address:

9519 SW 154TH PLACE
MIAMI, FL 33196

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S
SIGNATURE**

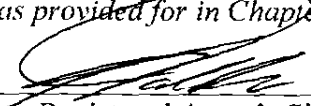
The name and the address (Florida) of the initial registered agent is:

FERNANDO VALDES
name

9519 SW 154TH PLACE
MIAMI, FL 33196
Florida address

Located in the county,
MIAMI-DADE

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The management of the limited liability company is reserved for the Members and the name and address of the member of the limited liability company are:

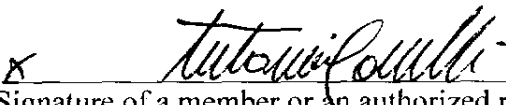
Title: _____

Name and Address:

MGR (manager) _____

Giano Servizi S.r.l
(President: Antonio Cappelli)
Via Monterosa 196, 58100
Grosseto, Italy

REQUIRED SIGNATURE:


Signature of a member or an authorized representative

(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)

ANTONIO CAPPELLI
Typed or printed name of signee