

MAY-10-2005 15:25

EMPIRE

LOS 0000 46533

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000119024 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

RECEIVED
05 MAY 10, PM 3:50
DIVISION OF CORPORATION

FILED
05 MAY 10 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

italven trading, l.l.c.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

③

H05 000119024

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ITALVEN TRADING, 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:8292 N.W. 66th STREETMIAMI, FLORIDA 33166**Mailing Address:**8292 N.W. 66th STREETMIAMI, FLORIDA 33166**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

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

RUGGIERO SCHIRALDI

Name

8292 N.W. 66th STREETFlorida street address (P.O. Box NOT acceptable)MIAMIFLORIDA33166

City, State, and Zip

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 10 AM 9:28

FILED

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, Florida Statutes..


Registered Agent's Signature

H05000119024

H05000119024

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

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

Title:Name and Address:

"MGR" = Manager



"MGRM" = Managing Member

"MGR" = MANAGERRUGGEIRO SCHIRALDI"MGRM" = MANAGING MEMBER8292 N.W. 66th STREET
MIAMI, FLORIDA 33166"MGR" = MANAGEREDWIN LOSSADA"MGRM" = MANAGING MEMBER8292 N.W. 66th STREET
MIAMI, FLORIDA 33166

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

 
Signature of a member or an 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.)

RUGGEIRO SCHIRALDI/ EDWIN LOSSADA

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 10 AM 9:28

FILED

H05000119024