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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

vero vicenza, llc

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

RECEIVED
05 MAY 12 AM 10:38
DIVISION OF CORPORATION
FILED
05 MAY 12 AM 8:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W 05/13/05

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

VERO VICENZA, 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:

21200 POINT PLACE #803

SAME

AVENTURA, FL 33180

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

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

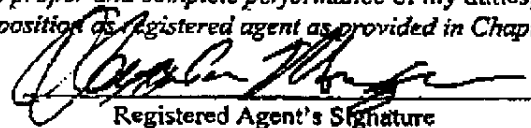
ALEXANDER MORGAN
Name

21200 POINT PLACE #803
Florida street address (P.O. Box NOT acceptable)

AVENTURA, FL 33180
City, State and Zip

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service to process for the above stated liability company of 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 in Chapter 608, F.S.


Registered Agent's Signature

(CONTINUED)

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

Name and Address:

"MGRM" = Managing Member

ALEXANDER MORGAN

21200 POINT PLACE #803

AVENTURA, FL 33180

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

REQUIRED SIGNATURE:


Signature of member or an authorized representative of a member

(In accordance with section 508.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ALEXANDER MORGAN
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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