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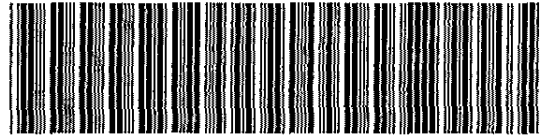
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KERRY M. WILSON

May 5, 2005

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32301

**RE: LA VITA DOLCE, LLC**


Gentlemen:

Enclosed for filing please find the Articles of Organization for the above-referenced Florida limited liability company.

Also enclosed is a check in the amount of \$155.00 for the filing fee and the cost of a certified copy.

If anything further is needed, please let me know. Otherwise, please forward the certified copy to me at the above Winter Haven address.

Sincerely,



KERRY M. WILSON

:pk  
Enclosures

**ARTICLES OF ORGANIZATION  
FOR  
LA VITA DOLCE, LLC,  
A Florida Limited Liability Company**

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I  
Name**

The name of this Company shall be **LA VITA DOLCE, LLC.**

**ARTICLE II  
Duration**

The term of existence of the Company shall be perpetual.

**ARTICLE III  
Mailing and Street Address**

The mailing and street address of the Company is: 329 West Central Avenue, Florida 33880.

*winter haven*

**ARTICLE IV  
Registered Agent and Office**

The name and street address of the initial registered agent and office for this Company is as follows: JENNIFER OLIVA, 329 West Central Avenue, Florida 33880.

*winter haven*

**ARTICLE V  
Admission of Additional Members;  
Terms and Conditions of such Admissions**

Additional Members may be admitted upon unanimous consent of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company and in accordance with applicable law.

**ARTICLE VI  
Management of Company**

The Company is to be managed by its Members.

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**ARTICLE VII**  
**Amendment of Articles of Organization**

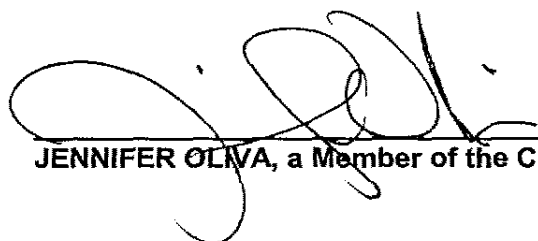
Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions consistent with Chapter 608, Florida Statutes, as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.

**ARTICLE VIII**  
**Transferability of Member's Interest**

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the Company and in accordance with applicable law.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand this 5<sup>th</sup> day of May, 2005.

  
\_\_\_\_\_  
ANITA HORN, a Member of the Company

  
\_\_\_\_\_  
JENNIFER OLIVA, a Member of the Company

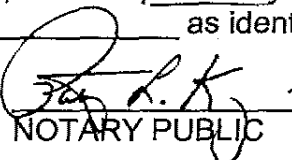
STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of May, 2005, by ANITA HORN and JENNIFER OLIVA, who are personally known to me or produced \_\_\_\_\_ as identification.

(SEAL)



Patsy L. King  
MY COMMISSION # DD047887 EXPIRES  
October 19, 2005  
BONDED THRU TROY FAIR INSURANCE, INC.

  
\_\_\_\_\_  
NOTARY PUBLIC

Print Name of Notary

My Commission Expires:

**STATEMENT OF REGISTERED AGENT**

Having been named as Registered Agent and to accept service of process for the above-stated limited liability company, 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 the accept the obligations of my position as Registered Agent as provided in Chapter 608, Florida Statutes.

  
JENNIFER OLIVA

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of May, 2005, by JENNIFER OLIVA, who is personally known to me or produced \_\_\_\_\_ as identification.

(SEAL)



Patsy L. King  
MY COMMISSION # DD047887 EXPIRES  
October 19, 2005  
BONDED THRU TROY FAIR INSURANCE, INC.

  
NOTARY PUBLIC

\_\_\_\_\_  
Print Name of Notary

\_\_\_\_\_  
My Commission Expires: