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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
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

luigi 47, l.l.c.

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

LUIGI 47, L.L.C.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Limited Liability Company shall: LUIGI 47, L.L.C.

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 8140 NW 74TH AVENUE, BAY # 10, MEDLEY, FL 33166.

ARTICLE IV

The name of the Managing Member(s) of this company shall be :

Managing Member

LUIGI DI GIROLAMO

1782 VICTORIA POINT CIRCLE
WESTON, FL 33327

Managing Member

YOLYHEC DI GIROLAMO

1782 VICTORIA POINT CIRCLE
WESTON, FL 33327

ARTICLE V

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A., 10520 NW 26th STREET, SUITE C-201, DORAL, FL 33172

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE

2005 JUN -7 A 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LUIGI 47, L.L.C.

(Name of Company)

Having been named as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

CABANAS & ASSOCIATES, P.A.

Registered Agent

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.)

JOSEPH F. CABANAS

Typed or Printed Name of Signee

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