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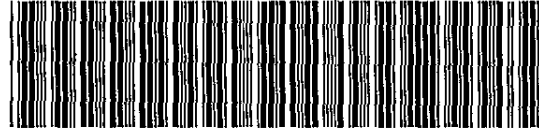
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/26/05
[Signature]

John L. Bradshaw, P. A.
Certified Public Accountant

901 Douglas Avenue, Suite 101
Altamonte Springs, FL 32714
Telephone: 407-774-4446
Fax: 407-862-8009

August 3, 2005

Name: FATTORIA L'OTTAVIO INTERNATIONAL LLC

pdv 1035
DIV. of Corp

INSTRUCTIONS FOR
NEW FLORIDA LLC
WITHIN THE STATE OF FLORIDA

In order to properly apply for incorporation within the State of Florida, the following actions need to be taken, in the order presented.

- a. Preparation of properly notarized Articles of Organization.
- b. If appropriate, preparation of Application for Registration of Fictitious Name.
- c. Submission of above with a check made payable to the "DEPARTMENT OF STATE" for the amount of \$ 125.00. Items are to be mailed to the following address:

ANNUAL REPORTS FILINGS
DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

John L. Bradshaw, C. P. A.

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TALLAHASSEE FLORIDA

ATTENTION: Your return address must be on the envelope. Under U.S. Postal Service regulation, mail with insufficient postage will not be forwarded, but returned to sender.

PRIVATE AND CONFIDENTIAL

ARTICLES OF ORGANIZATION
OF
FATTORIA L'OTTAVIO INTERNATIONAL, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company is **FATTORIA L'OTTAVIO INTERNATIONAL, LLC** (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is 162 Orange Place Maitland, Florida 32751.


ARTICLE III - DURATION

The period of duration for the Company shall be twenty (20) years from the date of filing these Articles of Organization.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is PAOLA REED, 162 Orange Place Maitland, Florida 32751.

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

ARTICLE V - MANAGEMENT

The Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

ARTICLE VI - INCOME TAX TREATMENT

The Company shall be treated as a United States partnership for income tax purposes (until such time as may be amended by the members as set forth in the Company's written Operating Agreement).

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ARTICLE VII – AUTHORIZED MEMBERS' UNITS/INTERESTS

The Company is authorized to issue a maximum of One Hundred Thousand (100,000) members' units/interests (until such time as may be amended by the members set forth in the Company's written Operating Agreement); provided, all of such units/interests shall have identical rights and duties.

IN WITNESS WHEREOF, I, the undersigned member, have signed these Articles of Organization and acknowledged them to be my act this 3rd day of AUGUST, 2005.

Paola L Reed

(Signature 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.)

PAOLA REED
Typed of printed name of signee

STATE OF FLORIDA
COUNTY OF Seminole

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgements, personally appeared to me and personally known to be the person described in and who executed the foregoing Articles of Organization as member to those Articles of Organization and who did take an oath.

WITNESS my hand and official seal in the County and State named above, this the 3rd day of AUGUST, 2005.

Laura W Skinner
Notary Public
My commission expires:

LAURA W. SKINNER
Notary Public, State of Florida
My comm. exp. June 26, 2006
Comm. No. DD 122427

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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