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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : PENNINGTON, MOORE, WILKINSON, BELL & DUNBAR,

Account Number : I20020000114 Phone : (850)222-3533

Fax Number : (850)222-2126

## LIMITED LIABILITY COMPANY

La Rosa, LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$160.00 |

PERCEIPORE PROPERTY

Building Account Hales

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - NAME

The name of the Limited Liability Company is: La Rosa, 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:

2006 E. 4th Avenue Tampa, Florida 33605

P.O. Box 88 Valrico, FL 33595

# ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

| The name and the Florida street address of the registered agent are: | A CAN   | 05 SEP      |   |
|--|---------|-------------|---|
| Julius J. Zschau   | 12.     | 10          | 7 |
| Name   | <u></u> | $\sim$      |   |
| 2701 N. Rocky Point Drive - Sulte 900                                | _ =     | ; <u>~~</u> | 8 |
| Florida street address   |         | THE:        |   |
| (P.O. Box NOT acceptable)  | STATE   | <del></del> |   |
| Tampa, Florida 33607   | Жm      | 7           |   |
| City, State and Zip  |         |             |   |

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. If 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.

egistered Agent's Signature

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## ARTICLE IV - MANAGERIS) OR MANAGING MEMBERIS)

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

Title:

Name and Address:

"MGR" = Manager
"MGRM" = Managing Member

MGRM

Anthony Civitalio
1700 Sherman Avenue
Hermien, Connecticut 08514

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 penaltice of perjury that the facts stated herein are true.)

Anthony Civitallo

Typed or printed name of signee

5 SEP 22 AHIII:

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TOTAL P. 03

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TOTAL P.03