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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan DEC 12 2005



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 28, 2005

REBECCA PERNINI  
605 N.W. 53RD AVENUE, SUITE B-2  
GAINESVILLE, FL 32609

SUBJECT: TESSA PERNINI, LLC  
Ref. Number: W05000052510

COPY

We have received your document for TESSA PERNINI, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 805A00069191

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TESSA PERNINI, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

13730 N.E. CTY. RD. 1471  
WALDO, FL 32694

Mailing Address:

605 N.W. 53rd AVE.  
SUITE B-2  
GAINESVILLE, FL 32609

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

TESSA PERNINI

Name

13730 N.E. CTY. RD. 1471

Florida street address (P.O. Box NOT acceptable)

WALDO FL 32694

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. 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..*

Tessa M. Pernini

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

TESSA PERNINI

13730 N.E. CTY. RD. 1471

WALDO, FL 32694

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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 penalties of perjury that the facts stated herein are true.)

TESSA PERNINI

Typed or printed name of signer

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