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ORPORATION NAME(S) & DO	OCUMENT NUMBER(S),	(if known):	
AMALFI ASSE (Corporation Name)	=15, L.L.C. (Document #)		
(Corporation Name)	(Document #)		
(Corporation Name)	(Document #)		
(Corporation Name)	(Document #)	<u> </u>	
Walk in Pick up tim	e 2.05	-E Certified Copy	
Mail out Will wait	Photocopy	Certificate of Status	
EW FILINGS	<u>AMENDMENTS</u>		
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of Change of Reg Dissolution/Wi Merger		
THER FILINGS	REGISTRATION	OUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partne Reinstatement Trademark Other	rship	
		Examiner's Initials	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF AMALFI ASSETS, L.L.C.

ARTICLE I - Name

The name of the Limited Liability Company is AMALFI ASSETS, L.L.

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: 8360 WEST FLAGLER STREET, SUITE #200, MIAMI, FLORIDA 33144.

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be: PERPETUAL.

ARTICLE IV - Management

The Limited Liability Company is to be managed by the member(s) and the name and address of the managing member(s) (are) (is): LIVIA M. D'ANDREA CARCANO, 8360 WEST FLAGLER STREET, SUITE #200, MIAMI, FLORIDA 33144, The undersigned member or authorized representative of a member of: AMALFI ASSETS, L.L.C., disposes and says:

- 1) the above named limited liability company hast at least one member.
- 2) the total amount o cash contributed by the member(s) is \$1,000.00.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$0. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$50,000.00. This total includes amounts from 2 and 3 above.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT OF DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: AMALFI ASSETS, L.L.C.
- 2. The name and address of the registered agent and office is: LIVIA M. D'ANDREA CARCANO, 8360 West Flagler Street, Suite #200, Miami, Florida 33144.

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.

DATE: 15-12-05

LIVIA M. D'ANDREA CARCANO

STATE OF FLORIDA)

COUNTY OF DADE

I HEREBY CERTIFY that on this date, before me, an officer duly authorized in

In the State and County aforesaid to take acknowledgments, personally appeared: LIVIA M. D'ANDREA CARCANO, of AMALFI ASSETS, L.L.C., who is personally known or who did furnish identification, and who acknowledged executing the foregoing Designation and acceptance as Registered Agent, freely and voluntarily for the purposes therein stated.

WHITNESS MY HAND AND OFFICIAL SEAL IN THE: County and State last aforesaid this 3th day of January , 200.

(SEAL)

GUIDO RAMOS Notary Public - State of Florida My Commission Expires Oct 10, 2007 Commission # DD250563 Bonded by National Notary Au