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FLORIDA/FOREIGN LIMITED LIABILITY CO.

TOSCANO GRILLE RISTORANTE, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOSCANO GRILLE RISTORANTE, 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:

2120 SALZEDO STREET
CORAL GABLES, FL 33134

Mailing Address:

2120 SALZEDO STREET
CORAL GABLES, FL 33134

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:

ALCIDES J. DAVILA

Name

4540 NW 114 AVE # 1601

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

DORAL

FL 33178

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.



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

ALCIDES J. DAVILA

4540 NW 114 AVE # 1601

DORAL, FL 33178

MGRM

FABIO MULLER ROLANDI

842 SALZEDO STREET - APT F

CORAL GABLES, FL 33134

MGRM

JOSE D. DAVILA

11121 SW 88TH ST - APT A-106

MIAMI, FL 33176

MGRM

RAFAEL DAVILA

25947 SW 132 COURT

HOMESTEAD, FL 33032

(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.)

ALCIDES DAVILA

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ -5.00 Certificate of Status (Optional)

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