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EXPRESS CORPORATE FILING SERVICE INC.
Requestor's Name Secretary Secretary of the secretary of 1000 PONCE DE LEON BLVD. SUITE:101 Address CORAL GABLES, FL 33134 (305) 444-4994 City/State/Zip Phone # OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): O IN VESTMENT, LLC (Corporation Name) (Document #) (Corporation Name) (Document #) (Comporation Name) (Document #) Pick up time _ Certified Copy Walk in Mail out Photocopy Certificate of Status ■ Will wait AMENDMENTS: NEW FILINGS **Profit** Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report

Foreign

Other

Limited Partnership

Examiner's Initials

Reinstatement Trademark

CR2E031(9/92)

Fictitious Name

Name Reservation

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RICLES OF ORGANIZATION FOR I	NORDA LIMITED DADILITI COM	IANI
A THORIZON TO N. M.	\$ 5 O	2000
ARTICLE I - Name:		
The name of the Limited Liability Company i	s:	610
402 TAO INVESTMENT, LLC		3 C
(Must end with the words "Limited Liability Company, "Lim	nited Company" or their abbreviation "I I C" or "I C")	
(with the with the words Linked Lizothy Company, Lin	med Company of their appreviation EEC, or E.C.,	050
ARTICLE II - Address:		7
The mailing address and street address of the	principal office of the Limited Liability Com-	oan∀is:
	F	, ·
Principal Office Address:	Mailing Address:	
	-	
1110 BRICKELL AVENUE	1110 BRICKELL AVENUE	
STE: 430	STE: 430	. <i>F</i> -
MIAMI, FL 33131	MIAMI, FL 33131	· · · 글
·	•	, · · · · · · · · · · · · · · · · · · ·
ARTICLE III - Registered Agent, Register	ed Office, & Registered Agent's Signature:	i i
(The Limited Liability Company cannot serve as its own Reg	gistered Agent. You must designate an individual or another	
business entity with an active Florida registration.)		•
The name and the Florida street address of the	e registered agent are:	
The limite and the Lincoln of any and any		
NORKA MA	ARTINEZ	
Nan	ne	<u>-</u>
4440 00101271 8	VENUE OTT. 400	
1110 BRICKELL A		, .
Florida street a	address (P.O. Box NOT acceptable)	
MIAMI	_{FL} 33131	
City, State	e, and Zip	
•		
	o accept service of process for the above stated	
	n this certificate, I hereby accept the appointme	
	city. I further agree to comply with the provision	
	performance of my duties, and I am familiar w	
accept the obligations of my position as re	gistered agent as provided for in Chapter 608,	F.S
	, . 1	· · · · · · · · · · · · · · · · · · ·
1.1.6	about 1	
- lang.		

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u>	Name and Address:	-
"MGR" = Manager "MGRM" = Managing Member		
moran managang memoer	.	
MGRM	FULVIO PASARIELLO 50%	
	1110 BRICKELL AVENUE STE; 430	•
	MIAMI, FL 33131	-
MGRM	NICOLÍNO VIGLIOTTI 25%	
	1110 BRICKELL AVENUE STE: 430	
•	MIAMI, FL 33131	14 .
MGRM	PASQUALINO VIGLIOTTI 25%	
	1110 BRICKELL AVENUE STE: 430	
	MIAMI, FL 33131	
	· .	
		•
(Use attachment if necessary)		
·		
ARTICLE V: Effective date, if other tha		
	ust be specific and cannot be more than five business days	prior
to or 90 days after the date of filing.)		
REQUIRED SIGNATURE:		
	Juk Tahrif	
Signature of a m	ember 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.)

NORKA MARTINEZ
Typed or printed name of signee