

FROM : LAZARUS
Division of Corporations

FAX NO : (305) 201-1440

NOV 29 2006 01:45 PM P1
Page 1 of 1

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Florida Department of State
Division of Corporations
Public Access System

③ 11/29

Electronic Filing Cover Sheet

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Division of Corporations
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

LUNA PIENA LLC

Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATION

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FAX NO. : 3052201440

Nov. 29 2006 01:45PM P2

1-20-2006 14:28

FROM

+305 3714967

T-032 P.002/003 F-049

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LUNA PIENA 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:

3163 NW 63RD STREET
BOCA RATON, FL 33498

Mailing Address:

3163 NW 63RD STREET
BOCA RATON, FL 33498

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:

GERARDO A. VAZQUEZ

Name

1401 BRICKELL AVENUE, SUITE 500

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

MIAMI

FL 33131

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)

Page 1 of 2

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SECRETARY OF STATE
ALLAHASSEE FLORIDA

FROM : LAZARUS

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Nov. 29 2006 01:45PM P3

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T-092 P.003/003 F-049

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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

SABINA TOSCANI

3163 NW 63RD STREET

BOCA RATON, FL 33406

(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:

Sabina Toscani

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.)

SABINA TOSCANI

Typed or printed name of signee

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)

Page 2 of 2

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