

LO70000 14559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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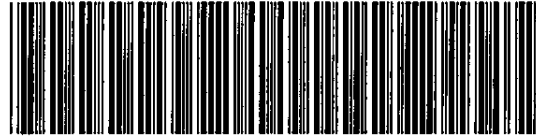
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LO7-14559  
al

**TRANSMITTAL LETTER**

**TO:** Registrar  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

January 28, 2007

**Subject:                5AVE LLC**

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alberto Carli  
52 NW-47<sup>th</sup> Strett  
Miami, FL 33127

For further information concerning this matter, please call:

Stefano Cavinato      at      305 219 3600

**FEES ENCLOSED:**

- Wachovia check #    in the amount of USD 125.00, of which:
- USD 100.00 for Filing Fee for Articles of Organization, and
  - USD 25.00 for Designation of Registered Agent

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TALLAHASSEE, FLORIDA

**Articles of Organization  
of  
Florida Limited Liability Company**

**1. Name:**

The name of the Limited Liability Company is: SAVE LLC

**2. Address:**

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

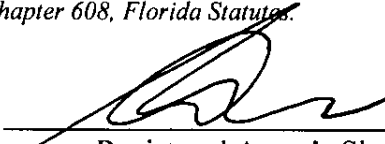
c/o Alberto Carli  
52 NW 47th Street  
Miami, FL 33127

**3. Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Alberto Carli  
52 NW 47<sup>th</sup> Avenue  
Miami, FL 33127

*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 proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature


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**4. Managing Member:**

**Title:**

**Name and Address:**

MGRM: Stefano Cavinato, 33E Venetian Way # 74, Miami Beach, FL 33139  
MGRM: Alberto Carli, 52 NW 47<sup>th</sup> Street NW 47<sup>th</sup> Street, Miami, FL 33127

  
\_\_\_\_\_  
Signature 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.)

STEFANO CAVINATO

Printed name of signee