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#### FLORIDA/FOREIGN LIMITED LIABILITY CO.

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#### Roma Realty, LLC

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## FAX AUDIT # HO7000198593

# ARTICLES OF ORGANIZATION OF Roma Realty, LLC

**ARTICLE I** 

NAME

The name of the limited liability company shall be: Roma Realty, LLC

**ARTICLE II** 

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 3414 57th Terrace West, Bradenton, Florida 34210.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Jim Gay, 3984 State Road 64 East, Bradenton, Florida 34210. Located in the County of Manatee.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Cindi Bollettieri, 3414 57th Terrace West, Bradenton, Florida 34210 Frank DeSimone, 321 North Graham Street, Charlotte, North Carolina 28202

T. Com

Business Filings Incorporated, Organizer

Terese Coulthard, Asst. Sec.

Authorized Representative

Prepared by Terese Coulthard, Business Filings Incorporated, 8025 Excelsior Dr., Suite

200, Madison, WI 53717

(608) 827-5300

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FAX AUDIT # #070001198593

### FAX AUDIT # 4070001199593

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Roma Realty, LLC

The name and address of the registered agent and office is Jim Gay, 3984 State Road 64 East, Bradenton, Florida 34210. Located in the County of Manatee.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:\_\_\_

Jim Gay

Date: 4/30/07

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SECRETARY OF STATE