

Lo 7000084484

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000207968 3)))



H070002079683ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC  
Account Number : I20000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

2007 AUG 17 A 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TONALLI, LLC.

RECEIVED  
07 AUG 17 PH 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AL

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu Help

(((H07000207968)))

**ARTICLES OF ORGANIZATION**

**OF**

**TONALLI, LLC.**

**ARTICLE I**

The name of the limited liability company is TONALLI, LLC.

**ARTICLE II**

The address of the principal office and the mailing address of the limited liability company is:

10 Aragon Avenue  
Unit 1010  
Coral Gables, Florida 33134

**ARTICLE III**

The name and the Florida street address of the registered agent of the limited liability company is:

Aragon Registered Agents, Inc.  
255 Alhambra Circle  
Suite 500  
Coral Gables, Florida 33134

*Having been named as the 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.*

Date: August 15 2007

*[Signature]*  
Registered Agent's Signature

2007 AUG 17 A 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

((H07000207968))

**ARTICLE IV**

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

<u>Title:</u>	<u>Name and Address:</u>
Managing Member	Miriam Abadi de Volcovich 10 Aragon Avenue Unit 1010 Coral Gables, FL 33134

*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.*

Authorized Signee:

  
 Type or Print Name: Miriam Abadi de Volcovich

FILED  
 2007 AUG 17 A 10:33  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA