

L070000085928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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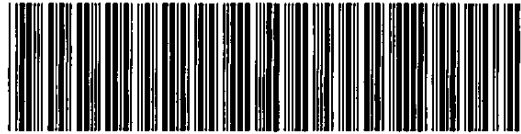
(Business Entity Name)

(Document Number)

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

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2007 AUG 20 P 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**EARNEST**  
**LAW FIRM**  
**TIGHE**

August 15, 2007

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32301

RE: Casta Diva, LLC

Dear Sir/Madam:

Enclosed are the original and two copies of the Articles of Organization for the above-named proposed Florida limited liability company. Also enclosed is a check in the amount of \$155.00, representing payment of the following:

Filing fee	\$125.00
Certified copy fee	\$30.00

Please file the enclosed Articles of Organization and return a certified copy to the undersigned. You will note that the Registered Agent is named in the Articles of Organization. Thank you for your courtesies in this matter.

Very truly yours,

Mary M. Earnest

2007 AUG 30 P 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
FOR  
CASTA DIVA, LLC  
ARTICLE I. NAME.**

The name of the limited liability company is Casta Diva, LLC .

**ARTICLE II. NATURE OF BUSINESS AND POWERS**

The general nature of the business to be transacted by this limited liability company is to engage in any and all business permitted under the laws of the State of Florida.

**ARTICLE III. MAILING ADDRESS.**

The address of the principal office of the limited liability company is 1636 NW 57th Street, Gainesville, FL 32605 and the mailing address of the limited liability company is 1636 NW 57th Street, Gainesville, FL 32605.

**ARTICLE IV. REGISTERED AGENT AND INITIAL REGISTERED OFFICE.**

The Registered Agent and the street address of the initial Registered Office of this limited liability company in the State of Florida shall be:

Isabella Vichi 1636 NW 57th Street, Gainesville, FL 32605

**ARTICLE V. MANAGERS AND MANAGING MEMBERS**

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

**Title:**

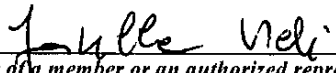
**Name and Address:**

"MGR" = Manager

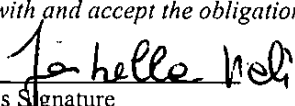
"MGRM" = Managing Member

Isabella Vichi    MGRM

1636 NW 57th Street, Gainesville, FL 32605

  
*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 as affirmation under the penalties of perjury that the facts stated herein are true.

*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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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