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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Villa Fontana Trust LLC

Certificate of Status	0
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EXAMINER

FAX AUDIT # 4080006719003

**ARTICLES OF ORGANIZATION
OF
Villa Fontana Trust LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Villa Fontana Trust LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
1676 South Ocean Blvd, Palm Beach, Florida 33480.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: John Scarpa, 1676 South Ocean Blvd, Palm Beach, Florida 33480. Located in the County of Palm Beach.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2048.

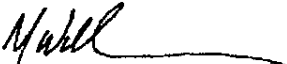
ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

John F Scarpa, 1676 South Ocean Blvd, Palm Beach, Florida 33480

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Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717
(608) 827-5300

Date: March 6, 2008

FAX AUDIT # 4080006719003

FAX AUDIT #

H080000719003CERTIFICATE 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: **Villa Fontana Trust LLC**

The name and address of the registered agent and office is **John Scarpa, 1676 South Ocean Blvd, Palm Beach, Florida 33480. Located in the County of Palm Beach.**

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: _____

*John Scarpa*Date: 3/18/082008 MAR 20 AM 8:24
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