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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number: I19990000017

Phone : (305) 485-9300

Fax Number : (305) 485-1098



## FEORIDA/FOREIGN LIMITED LIABILITY CO.

TOSCANI, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

## J. BRYAN

MAR 27 2008

**EXAMINER** 

HORODOO 767443.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

TOSCANI, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

TOSCANI, LLC.

ARTICLE II - ADDRESS

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

251 172<sup>ND</sup> ST SUITE # 136 SUNNY ISLES, FL. 33160

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

### **MERCEDES POLANIA**

### 251 172ND ST SUITE # 136

Fiorida street address (P.O.BOX NOT acceptable)

SUNNY ISLES, FL. 33160

City, State, and Zip

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300 Ho80000767443.



Horocoo 767443

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

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

MERCEDES POLANIA 251 172<sup>ND</sup> ST SUITE # 136 8UNNY ISLES, FL. 33160 MANAGER

MANAGER

SEBASTIAN ORTEGA 251 172<sup>ND</sup> ST SUITE # 136 SUNNY ISLES, FL. 33160

(An additional article must be added if an effective date is requested)

x frieds Vitar

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 an affirmation under the penalties of perjury that the facts stated herein are true.)

MERCEDES POLANIA

Typed or printed name of signee

EBIED TEHN

HEX

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