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B. KOHR

DEC - 1 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TECNOESSE USA, L. L. C. (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John Gale, Esoure	4114
Private Judges (Firm/Company)	: (5 : (
2701 5. Bayener Dr, 5315	•
Miami Fl 33133 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
Tinn Gale at (305) 850-4111 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)}\$ Certified Copy (additional copy is enclosed))
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	
(305-285)	



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2008

PRIVATE JUDGES

2701 SOUTH BAYSHORE DRIVE, STE. 315

MIAMI, FL 33133

SUBJECT: TECNOESSE USA, L.L.C.

Ref. Number: W08000047836

We have received your document for TECNOESSE USA, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we are RETAINING your \$125.00 payment.

As discussed, the application could not be filed because it was drafted as an Articles of Incorporation document with coporation-appropriate language.

Please use the enclosed form or draft your own ARTICLES OF ORGANIZATION, the document which is used for establishing Florida limited liability companies.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 808A00054189

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: TECNOESSE, USA, LLC (Must end with the words "Limited Liability Company, "LL.C.," or "LL.C.")	1
TECNOESSE. USA. LLC	П
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	フ
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is	s:
Principal Office Address: Mailing Address:	
14520 SW 148th Avenue Miami, FL 33196 14520 SW 148th Avenue Miami FL 33196	\ ⁷
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
John Gale, Name	
2701 South Bayshore Drive, Suite 315	
Florida street address (P.O. Box NOT acceptable)	!:
Miami, Florida _{FI} 33133	
City, State, and Zip	

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	Pablo Sciullo 14520 SW 148 Avenue Miami FL 33196
_MGRM	Dômenico Sciullo 14520 SW 148rAvenue Miami FL 33196
MGRM	Fabrizio Sciullo 14520 SW 148th Avenue Miami FL 33196
(Use attachment if necessary) LE V: Effective date, if other the	nan the date of filing:
days after the date of filing.)	nust be specific and cannot be more than five business da
REQUIRED SIGNATURE: Signature of a	member of an authorized representative of a member.
(In accordance of this document	with section 608.408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury stated herein are true.)
<u></u>	MEDICO SCIVLO Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)