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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number: 071001002335 Phone: (305)599-0939 Fax Number: (305)716-0346

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MADEIRA 11005, LLC.

RECEIVED NOV -9 PM 12: 59 SHEIARY OF STATE AHASSEE, FLORIDA

Certificate of Status	0
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S. HAWKES

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EXAMINER

Corporate Filing Menu

S. HAWKES

EXAMINER 11/9/2009

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is: MADEIRA 11005, LLC.

(Must end with the words "Limited Liability Company," "Limited Company" or abbreviation "LLC," or "L.C.")

ARTICLE II- Address:

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

Principal Office Address:

8415 NW 116 AVE DORAL, FL 33178 Mailing Address:

SAME

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

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

<u>Title</u>

Name and Address:

MGRM

ELENA CORTESI DE SCATTOLINI

8415 NW 116 AVE. DORAL, FL 33178

MGRM

MASSIMILIANO SCATTOLINI

8415 NW 116 AVE. DORAL, FL 33178

MGRM

MANUEL GONCALVES

8415 NW 116 AVE. DORAL, FL 33178

ARTICLE IV - Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the Registered Agent are:

Joseph F. Cabanas - Cabanas & Associates, P.A.

Name

10520 NW 26th Street - Suite #C 201 Florida Street Address

> Doral, Fl. 33172 City, State and Zip Code



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.

Joseph Chang
Registered Agent's Signature (Required)
ARTICLE V: Effective date, if other than the date of filing: (optional)
SIGNATURE:
Elena De Grattohin
Signature of a member or an authorized representative of a member
(In accordance with Section 608.408(3), Florida Statutes, the execution that the facts stated herein are true)
ELENA CORTESI DE SCATTOLINI
Type or print name of signer