| | sion of Conformation | DOOC | | Page 1 of 2 |
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| | To: | Division of Corporat Fax Number : (85 | ions 0)617~6383 | JUN -1 AH |
| | From: | Account Number : 120 Phone : (30 | TKIT CORP 100000009 5)599-0839 5)592-9591 | |
| | | l address for this busi rt mailings: Enter onl 38: | | |
| ~ | DA DA | FLORIDA LIMITED | LIABILITY CO. | •••••••••••••••••••••••••••••••••••••• |
| RECEIVED | PH 1: FLOR | IL-BELLO-DELLE | DONNE LLC | |
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SEURETARY OF STATE FALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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The name of the Limited Liability Company is:

IL-BELLO-DELLE-DONNE LLO

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

ARTICLE U - Address:

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

Principal Office Address:

Mailing Address:

328 Crandon Blvd # 125 Key Biscayne , FL 33149

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 aniither business entity with an active Florida registration.)

The name and the Florida street address of the registered agont area

Messimi Stanzione

Name

328 Crandon Blvd # 125

Florida street address (P.O. Box NOT acceptable)

Key Biscayne , FL 33149

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 copacity. 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.

unan Registered Agent's Stanature (RECUTRIED) (CONTINUED) Page tol 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 Member | <u>Name and Address:</u> |
|--|--------------------------|
| MGRM | Messimi Stanzione |
| | 328 Crandon Blvd # 125 |
| | Key Blaczyne , FL 33149 |
| MGRM | Pasquele Momorchio |
| | 328 Crandon Blvd # 125 |
| | Koy Biscoyne , FL 33148 |
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(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of filing: 06/01/2010 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

| REOUIRED SIGNATURE: X Signature of a member of a member. (In accordation with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts spied herein are true.) Messimi Stanzione | FYLED 10 JUN -1 AM 8: O SECRETARY OF STAT TALLAHASSEE, FLOM |
|---|--|
| \ Typed or printed name of signce | NIDA OS |
| Filing Feas: | |

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent

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\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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