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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : FASTKIT CORP
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TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
LUCA LIONELLO, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00



June 4, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: LUCA LIONELLO, LLC
REF: W10000026835

We have received your document for LUCA LIONELLO, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The signatures are not legible they are not dark enough for imaging.

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

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Neysa Culligan
Regulatory Specialist II

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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

N. Culligan JUN - 7 2010

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I:

The name of the Limited Liability Company is:

LUCA LIONELLO, LLC

ARTICLE II-ADDRESS:

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

**881 BELLE MEADE ISLAND DRIVE
MIAMI, FL 33138**

**ARTICLE III-Registered Agent, Registered Office, & Registered
Agent's Signature:**

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

LUCA T. LIONELLO

Name

881 BELLE MEADE ISLAND DRIVE

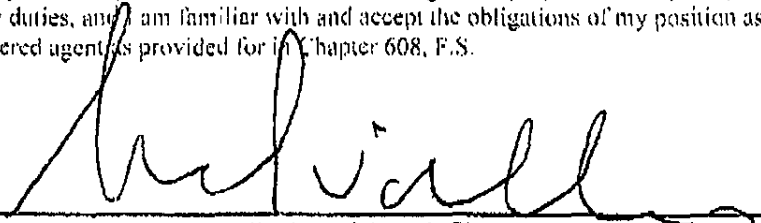
Florida street address (P.O. Box not acceptable)

MIAMI, FL 33138

City, State, and Zip

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STATE
TALLAHASSEE FLORIDA

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 (Check box if applicable)

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

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

Signature of a member or an authorized representative of a member

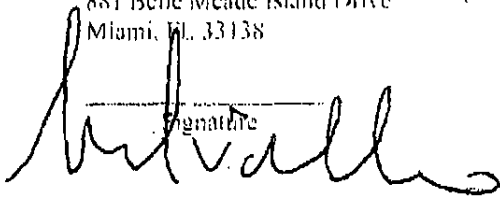
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.).

LUCA T. LIONELLO

Typed or printed name of signee

ARTICLE V - Managing Members

Luca T. Lionello
881 Belle Meade Island Drive
Miami, FL 33138


Signature

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