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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6383

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**FLORIDA LIMITED LIABILITY CO.**

**Lisetta, LLC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$125.00

**D. BRUCE**  
AUG 17 2010  
**EXAMINER**

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

LISSETTA, LLC

**ARTICLE II ADDRESS**

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

2340 NE 192ND STREET  
MIAMI, FLORIDA 33180

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

ESTEBAN ALOIA MACRETT  
2340 NE 192ND STREET  
MIAMI, FLORIDA 33180

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Having been named as registered agent 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.

X   
ESTEBAN ALOIA MACRETT Registered Agent's signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

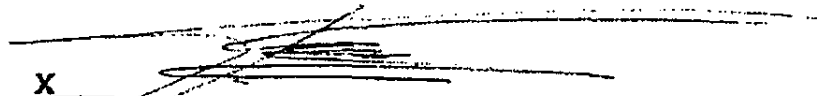
MANAGING MEMBER

FERNANDO CARLOS SCAVO  
2340 NE 192ND STREET  
MIAMI, FLORIDA 33180

MANAGING MEMBER

MARCELA BEATRIZ SCALI  
2340 NE 192ND STREET  
MIAMI, FLORIDA 33180

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X 

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.

FERNANDO CARLOS SCAVO