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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Ludovico Enterprises LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED
10 AUG 25 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 AUG 25 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 25 2010

EXAMINER

8/25/2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LUDOVICO ENTERPRISES LLC
Name of Limited Liability Company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Natasha Soma
Name of Person

Withers Bergman LLP
Firm/Company

430 Park Avenue, 10th Floor
Address

New York, New York 10022-3505
City/State and Zip Code

natasha.soma@withers.us.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natasha Soma at (212) 848-9809
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

10 AUG 25 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLE I - Name:

The name of the Limited Liability Company is:

LUDOVICO ENTERPRISES LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

19955 North East 38th Court
Unit 1706
Aventura, Florida 33180

19955 North East 38th Court
Unit 1706
Aventura, Florida 33180

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:

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL 33324

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.

By:

Anthony LiCausi

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Anthony LiCausi
Vice President

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	<u>Evelina J. Nizan</u> <u>19955 North East 38th Court, Unit 1706</u> <u>Aventura, Florida 33180</u>
<u>MGR</u>	<u>Dahora Staley</u> <u>930 Park Avenue, Suite 6N</u> <u>New York, NY 10028</u>
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 23, 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.)

REQUIRED SIGNATURE:



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.)

Evelina J. Nizan, Manager

Typed or printed name of signer

Filing Fees:

- \$115.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)