

**L10000115635**  
 Florida Department of State  
 Division of Corporations  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H10000241747 3)))



H100002417473ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

RECEIVED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2010 NOV -5 AM 7:59

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

**From:**  
 Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
 Account Number : I20000000146  
 Phone : (305)444-4994  
 Fax Number : (305)444-4977

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

**Email Address:** \_\_\_\_\_

RECEIVED  
 10 NOV -5 PM 2:35  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.,  
 LLF INVESMENTS, LLC**

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

**C. LEWIS**  
 NOV 8 2010  
**EXAMINER**

FILED  
2010 NOV -5 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**OF**  
**LLF INVESTMENTS, LLC**

**ARTICLE I**

The name of the limited liability company is LLF INVESTMENTS, LLC

**ARTICLE II**

The address of the principal office and the mailing address of the limited liability company is:

370 Miracle Mile  
Coral Gables, FL 33134

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is any and all lawful business.

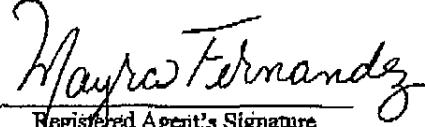
**ARTICLE IV**

The name and the Florida street address of the registered agent of the limited liability company is:

ARAGON REGISTERED AGENTS, INC.  
255 Alhambra Circle  
Suite 500  
Coral Gables, FL 33134

*Having been named as the 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.*

Date: 11/2/10

  
\_\_\_\_\_  
Registered Agent's Signature

FILED

2010 NOV -5 AM 7:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V**

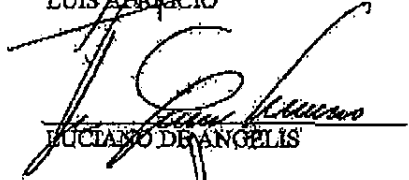
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	Luis Aparicio 370 Miracle Mile Coral Gables, FL 33134
Manager	Luciano de Angelis 370 Miracle Mile Coral Gables, FL 33134
Manager	Fabrizio Scala Campione 900 SE 87 Street Ocala, FL 34480

*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.*

Authorized Signee:

  
 \_\_\_\_\_  
 LUIS APARICIO

  
 \_\_\_\_\_  
 LUCIANO DE ANGELIS

  
 \_\_\_\_\_  
 FABRIZIO SCALA CAMPIONE