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**FLORIDA LIMITED LIABILITY CO.  
ELDA SCATTOLINI, LLC**

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

**ARTICLE I - Name:** The name of the Limited Liability Company is:

**Elda Scattolini, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

8415 N.W. 116<sup>th</sup> Avenue,  
Doral, FL 33178.

**Mailing Address:**

8415 N.W. 116<sup>th</sup> Avenue,  
Miami, FL 33178

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

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

**ELDA SCATTOLINI**

8415 N.W. 116<sup>th</sup> Avenue  
Doral, FL 33178.

*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.*

**ELDA SCATTOLINI**

Registered Agent's Signature

(CONTINUED)  
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**ARTICLE IV – Manager(s) or Managing Member(s):**

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

**Title:****Name and Address:**

MGRM

ELDA SCATTOLINI

**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.)

ELDA SCATTOLINI

\_\_\_\_\_  
Typed or printed name of signee

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