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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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FLORIDA LIMITED LIABILITY CO.
toscana capital llc

Certificate of Status	0
Certified Copy	1
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This Articles were prepared
Ignacio Siberio, Esq
3663 SW 8th St, Ste 206
Miami, Fla, 33135

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **TOSCANA CAPITAL 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:

1878 Coral Way
Miami, Florida, 33145

Mailing Address:

Same

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 Act v c Florida registration.)

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

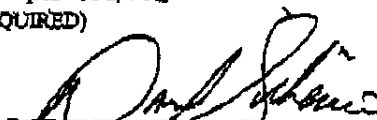
Name **Daniel Siberio**

Florida street address (P.O. Box NM acceptable) **1878 Coral Way**
FL

City, State, and Zip **Miami, Florida, 33145**

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, FS.

Registered Agent's Signature (REQUIRED)


Daniel Siberio

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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:

"MGR"—Manager Madeline D. Cowley, 1878 Coral Way, Miami, FL 33145

"MORM"—Managing Member

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A (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.)

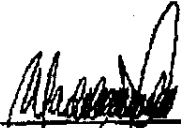
REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.409(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signer

Filing Madeline D. Cowley



Madeline D. Cowley

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