

L11000030207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

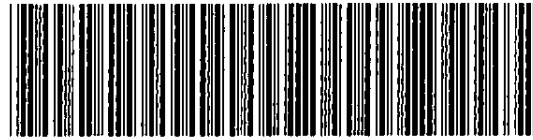
(Business Entity Name)

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B. KOHR
MAR 11 2011
EXAMINER

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 03/11/11

REF. #: 000409.144353

CORP. NAME: OSTINATO LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 538888 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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**ARTICLES OF ORGANIZATION
OF
OSTINATO LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **OSTINATO LLC**.

ARTICLE II: - Address

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

**c/o Akerman Senterfitt
One S.E. Third Avenue
25th Floor
Miami, Florida 33131
Attn: Julie A.S. Williamson, Esq.**

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

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

**NRAI Services, Inc.
515 East Park Avenue
Tallahassee, FL 32301**

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.

NRAI Services, Inc., as Registered Agent



Name: Michele Holden
Title: Assistant Secretary

ARTICLE IV: - Management

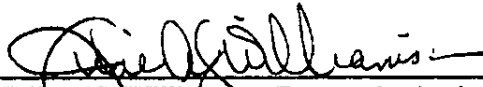
The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager - managed company.

ARTICLE V: - Manager(s) or Managing Member(s)

The name and address of each Manager is as follows:

MGR

Nestor M. Torres
10101 E. Bay Harbor Drive, #208
Bay Harbor Islands, FL 33154



Julie A.S. Williamson, Esq., 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.)

Julie A.S. Williamson

Typed or printed name of signee