| FROM : Division | n of Corporations |
|--------------------|---|
| | 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. (((H11000184095 3))) |
| | |
| | Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. |
| | To: Division of Corporations Fax Number : (850)617-6383 |
| | From: Account Name : RASCO, REININGER, PEREZ & ESQUENAZI, P.L. Account Number : 104076000124 Phone : (305)476-7100 Fax Number : (305)476-7102 |
| | **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*********************************** |
| RECEIVED | FLORIDA LIMITED LIABILITY CO. |
| | Certificate of Status 1 Certified Copy 1 Page Count 03 Estimated Charge \$160.00 |
| | J. SAULSBERRY EXAMINER |
| | JUL 20 2011 |

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FAX NO. :3054449829

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Audit No: H11000184095 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Limited Liability Company is:

DI GIOVANNI, LLC

ARTICLE II. – Address

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

145 Aragon Avenue Coral Gables, FL 33134

and the mailing address is:

247 SW 8th Street, #870 Miami, FL 33130

ARTICLE III. – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Miami Corporate Systems, LLC 283 Catalonia Avenue, 2nd Floor Coral Gables, Florida 33134

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.

| REGISTER | ED AGENT: |
|------------|-----------------------|
| 17 | DEPORATE SYSTEMS, LLC |
| | |
| | XA- |
| (Salomon B | Ecquenazi, Manager |
| | • / |

Audit No; H11000184095 3 This instrument was prepared by: Salomon B, Esquenazi, Esq. Rasco Klock Reininger Percz Esquenazi Vigil & Nicto 283 Catalonia Ave., 2nd Floor Coral Gables, Florida 33134 (305) 476-7100

FROM :

FAX NO. :3054449829

Audit No: H11000184095 3

ARTICLE IV. – Management:

X The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The names and addresses of the managers who are to serve as initial managers are:

Jorge Juarez Calle Almagro 21, 6º Piso 28008 Madrid SPAIN

Javier Juarez Calle Almagro 21, 6º Piso 28008 Madrid SPAIN

Daniel Fernandez-Luengo Calle San Bernardo 23 28015 Madrid SPAIN 011 JUL 19 AM 8: 48

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Signature of a member of <u>authorized representative of a member</u>. 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.

6,00

4835-2258-3050, v. 1

Audit No: H11000184095 3 This instrument was prepared by: Salomon B. Esquenazi, Esq. Rasco Klock Reininger Perez Esquenazi Vigil & Nieto 283 Catalonia Ave., 2nd Ploor Coral Gables, Florida 33134 (305) 476-7100