i Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305)634-3694

Fax Number

: (305)633~9696

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

Email Address:

FLORIDA LIMITED LIABILITY CO. BELLINI AT AVENTURA, LLC.

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

MAY 23 2003

A. LUNT

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5/22/2013

EMPIRE CORP KIT

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ARTICLES OF ORGANIZATION OF BELLINI AT AVENTURA, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company shall be:

BELLINI AT AVENTURA, LLC.

ARTICLE II - ADDRESS

The mailing address 9751 Bast Harbor Drive, Unit 1402, Bay Harbor Islands, FL 33154 and street address of the principal office of the Limited Liability Company is: 9751 East Harbor Drive, Unit 1402, Bay Harbor Islands, FL 33154.

ARTICLE III - PURPOSE

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV - REGISTERED AGENT

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business ontity with an active Floridu registration.)

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

Giorgio L. Ramirez, Esq. 3162 Commodore Plaza, Unit 3A/B Coconut Grove, FL 33133

liaving been named as registered agent and to accept service of process for the above stated limited 4ability company at the place designated in this certificate. I hareby 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 confidence agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

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ARTICLE V - MANAGER OR MANAGING MEMBER(S)

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

MGRM

Jontune Limited

556 Main Street Charlestown, Nevis

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 affir metion under the penalties of

penjury that the facts steted for eight a u.e.)

chey-lo-Fact and Registered Agent

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