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COVER LETTER

TO: Registration Division of C					
SUBJECT: DC	ILCE VITA REAL	<u> </u>			
	Name of Limited Lia	ability Company			
The enclosed Articles	of Organization and fee(s) are submi	tted for filing.			
Please return all corre	spondence concerning this matter to t	the following:			
AWS	SON WORNER				
	Namo	e of Person			
Down	E VITA REAL ESTA	TE			
	Firm	/Company			
3340	TANBLEWOOD DE	211/5			
	A	Address		~-q	63
SKRA	SOTA, FL 342	-39	•	3E2	2013 NOV
	City/State	e and Zip Code			25
	E-mail address: (to be used for futu	ure annual report notification)		1955 1955	2
For further information	n concerning this matter, please call:				至
_					
ALLISON	WERNER at (941) 961-32 Area Code & Daytime Telep			9
Nam	e of reison	Area Code & Daytine Telep	none Number		
Enclosed is a check	for the following amount:				
□\$125.00 Filing Fee	✓\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		&		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
DOLCE VITA REAL E (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3340 TANGUEWOOD DRIVE SARASOTA, FL 34239	3340 TANGLEWOOD DRIVE SARASOTA, TL 34239
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
ALUSON WERD	HOR SE II
Name	2 7
3340 TANGUEW Florida street addr	ress (P.O. Box NOT acceptable)
SARASOTA City, Stat	FL 34239 (c. and Zip
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of performance of my duties, and I am familiar with histories agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

Name and Address:	
ALUSON WERNER 3340 TANGLEWOOD DRIVE SARASOTA, FL 34239	- - -
	-
	- -
	- - -
te, if other than the date of filing: <u>JANVARY 1, 2014</u> (OPTION) (
e date of filing.)	
VATURE:	2013 HOV 21
ignature of a member or an authorized representative of a member.	AM İ1: 16
lance with section 608.408(3), Florida Statutes, the execution of this document is an affirmation under the penalties of perjury that the facts stated herein are true that any false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S.)	e.
AUISON WORNER Typed or printed name of signee	
for Articles of Organization and Designation	

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)