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COVER LETTER

TO: Registration Division of C	n Section Corporations			
SUBJECT:	Don Vito, L	LC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Organization and fee(s) ar	e submitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	Victo	J. Caruso Name of Person		
	•	Name of Person		
	Don v	lito, LLC Firm/Company		
"		Firm/Company		
	14806	PAR CLUB CI	rcle	
		Address		
	TAMPA	1, FL 33618		
		ity/State and Zip Code		
d	DOUITO 1990 E-mail address: (to be used	Gmail: com	on)	2
For further information	on concerning this matter, plea	ase call:		2
Victor J.	Caruso at (_	813 900-2 Area Code Daytime Telep		
Enclosed is a check for	or the following amount:			
] \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ed)
	iling Address	Street/Courier Address	<u>ss</u>	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Don Vito, 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: Mailing Address:	
14806 Par Club Circle Tampa, Florida Tampa, Florida 33618 14806 Par Club Circle Tampa, Florida 33618	1
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 active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Victor J. Caruso Name 14806 Par Club Circle 122	Carl.
Florida street address (P.O. Box NOT acceptable)	Í
Tampa FL 33618 City Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability compared the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performs of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605, F.S Registered Agent's Signature (REQUIRED)	his ance

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Victor J. Caruso
MGRE Member	14806 Par Club Circle Tampa, Florida 33618
E V: Effective date, if other than the date ective date is listed, the date must be specified.	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 day
E V: Effective date, if other than the date ective date is listed, the date must be spot filling.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any.	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day
E V: Effective date, if other than the date ective date is listed, the date must be spot filling.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day
REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. In the symmetry of the document of State may as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ter the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.) +Or J. Caruso
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. In the symmetry of the document of State may as provided for in s.817.155, F.S.)

ARTICLE IV-