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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. Sullivan JUN 13 2014



WIAND GUERRA KING

WIAND GUERRA KING P L I 5505 W GRAY STREET I TAMPA, FL 33609 I PHONE 813 347.5100

ALANA M. AVERY
DIRECT DIAL: 813-347-5128
AAVERY@WIANDLAW.COM

June 6, 2014

VIA CERTIFIED US MAIL:

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

Re: *Registration – Articles of Organization of Florida Limited Liability Company*

Dear Sir/Madam:

Enclosed is our firm check in the amount of \$125.00 as payment for registration. Also please find the executed articles of organization.

Thank you, and please give me a call at the above-referenced phone number if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alana Avery', with a stylized flourish at the end.

Alana Avery

/aa
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: La Cucina Sabina, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey C. Rizzo

Name of Person

Wiand Guerra King P.L.

Firm/Company

5505 West Gray Street

Address

Tampa, FL 33609

City/State and Zip Code

jrizzo@wiandlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey C. Rizzo at (813) 347-5123
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

La Cucina Sabina, 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:

5505 West Gray Street
Tampa, FL 33609

5505 West Gray Street
Tampa, FL 33609

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:

Jeffrey C. Rizzo

Name

5505 West Gray Street

Florida street address (P.O. Box **NOT** acceptable)

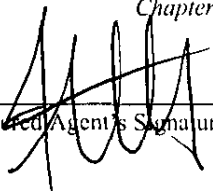
Tampa

FL 33609

City

Zip

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Jeffrey C. Rizzo

5505 West Gray Street

Tampa, FL 33609

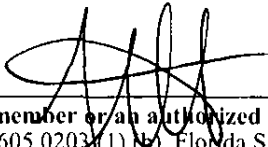
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jeffrey C. Rizzo

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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