Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. DOLCE PALMS, LLC

Certificate of Status	0			
Certified Copy	1			
Page Count	05			
Estimated Charge	\$155.00			

Electronic Filing Menu

Corporate Filing Menu RAP 6

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company and Effective day is:

15 APR 15 PM 4: 58
SECKE BAY OF STATE
TALLAHASSEE, FLORIDA

DOLCE PALMS, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability

Company is:

Principal Office Address 200 SE 1ST STREET SUITE 604 MIAMI, FL 33/31 Mailing Address 200 SE 1ST STREET SUITE 604 MIAMI, FL 33131

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

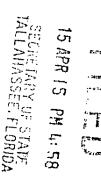
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

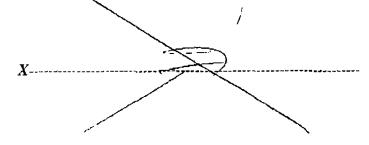
R&P ACCOUNTING & TAXES, INC

200 SE 1ST STREET, SUITE #604 Florida Street address (P.O. Box NOT acceptable)

> MIAMI, FL. 33131 FL City, State, and 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)

ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each Person authorized to manage and control the Limited Liability Company;

Title:

15 APR 15 PM 4:58
SEGNETARY OF STATE
ALLAHASSEE, FLORIDA

MANAGER

EDUARDO DANIEL IVANCICH 200 SE IST STREET SUITE 604 MIAMI, FL 33131

VIVIANA RAQUEL DE VITA 200 SE 1ST STREET SUITE 604 MIAMI, FL 33131 MANAGER

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.)

15 APR 15 PM & 58
SECRETARY OF STAPE
TALLAHASSEE, FLORID

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.)

EDUARDO DANIEL IVANCICH

Typed or printed name of signee