

# L1500009895

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Account Name : LAW OFFICE OF GERALD K. SCHWARTZ, P.A.  
Account Number : I20080000083  
Phone : (305) 673-1101  
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Email Address: GKS@geraldklaw.com

**FLORIDA LIMITED LIABILITY CO.  
ROS & TOM, LLC,**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 1        |
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY  
ROS & TOM, LLC,  
a Florida limited liability company**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

**ARTICLE I- NAME:**

The name of the limited liability company is: ROS & TOM, LLC, a Florida limited liability company

**ARTICLE II- ADDRESS:**

The address of its principal place of business, as well as the mailing address for this limited liability company is: C/O Rossella Ansaldi, 1000 Venetian Way, Apt. 401, Miami Beach, Florida 33139.

**ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

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

LAW OFFICE OF GERALD K. SCHWARTZ, P.A.  
1691 Michigan Avenue  
Suite 360  
Miami Beach, Florida 33139

Having been named as registered agent and to accept service of process for the above state 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.

  
GERALD K. SCHWARTZ

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ARTICLE IV

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

TITLE:

NAME AND ADDRESS:

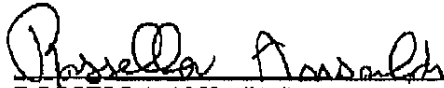
MANAGING MEMBER

ROSSELLA ANSALDI  
1000 VENETIAN WAY  
APT. 401  
MIAMI BEACH, FLORIDA 33139

ARTICLE -V -Effective Date, if other than the date of filing: \_\_\_\_\_(Optional)

ARTICLE- VI-Other provisions, if any.

REQUIRED SIGNATURE:

  
ROSSELLA ANSALDI,

*(In accordance with Section 605.0203 (1)(b), Florida Statute, 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 s817.155,F.S.)*

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