

L1500017227/83

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
Margaret Summa LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Margaret Summa 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:

2446 Shelby Lane
Clermont, FL 34711

Mailing Address:

2446 Shelby Lane
Clermont, FL 34711

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:

Marcella Imbesi

Name

1825 Nature Cove Lane

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

Clermont

City

FL 34711

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 registered agent as provided for in

Chapter 620, F.S.

Registered Agent's Signature (REQUIRED)

Marcella Imbesi

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**Margaret Summa Revocable Trust2446 Shelby LaneClermont, FL 34711AMBRMarcella Imbesi1825 Nature Cove LaneClermont, FL 34711AMBRLucia Alberti41 Woodlawn Ave.Selden, NY 11784AMBRLaura Summa1119 El Centro Ave.Oakdale, CA 94602

(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.)

Marcella Imbesi

Typed or printed name of signer

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