Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO.

TOSCANA CAFE DORAL LLC

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\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I - Name;
The hame o	f the Limited Liability Company is: (Must end with the words "Limited Liability Company,
	TOSCANA CAFE DORAL LLC
ARTICLE	Ⅱ - Address ;
The mailing	address and street address of the principal office of the Limited Liability
Company is	address and street address of the principal office of the Limited Liability 8731 NW 110 Ave
	DORAL FL 33178
ARTICLE	III - Registered Agent, Registered Office:
The name:	and the Florida street address of the registered agent are: (The Limited Liability
Company cann	ot serve as its own Registered Agent. You must designate an individual or another business entity Florida registration)
_	ANTONIO COLETTA
	8731 NW 110 Ave
_	DORAL FL 33178
ARTICLE	
The name a	and title of each person authorized to manage and control the Limited ompany:
	ANTONIO COLETTA (AMBR)
_	
-	
-	
<u>.</u>	. "
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Required Signatures:

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.

Autonio Coletta

Typed or printed name of signee

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)

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