CAPITAL CONNECTION, INC. 17 E. Virginia Street. Strike 1 • Tallahaman 19 10 2000

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302

(850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222 Allegretto, L.C.	5000025915252 -07/17/9801021019 ****285.00 ****285.00
	Art of Inc. File
Name Availability Document Examiner Updater Updater Verifyer Acknowledgement W. P. Verifyer	RA Resignation
Signature Requested by: Name Date Time	Officer Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval

ARTICLES OF ORGANIZATION

OF

ALLEGRETTO, L.C., A FLORIDA LIMITED LIABILITY COMPANY

<u>ARTICLE I</u>

NAME

The name of this limited liability company is ALLEGRETTO

ARTICLE II

PRINCIPAL OFFICE AND AGENT

The principal office and mailing address of the Company is 2410 Harbourside Dr., #132, Longboat Key, Florida 34228. The Company's registered agent is Capital Connection, Inc., whose office is located at 417 Virginia Street, Suite One, Tallahassee, Florida 32301.

ARTICLE III

EFFECTIVE DATE OF EXISTENCE/DURATION

The existence of the Company shall commence as of the date these Articles are signed. The duration of the Company shall thereafter be perpetual.

ARTICLE IV

PURPOSE AND POWERS

This Company is organized with a general business purpose, has all powers provided by law, and may use those powers to any lawful purpose.

SECRETARY OF SOLVISION OF CORPOR

ARTICLE V

MANAGEMENT BY MEMBERS

The Company shall initially have two members. Management of the Company shall be reserved to its members. The name and address of the Company's initial managing member is: Vera Leinsdorf, Trustee, Vera Leinsdorf Revocable Trust u/a/d 5/8/98, 2410 Harbourside Dr., #132, Longboat Key, Florida 34228.

ARTICLE VI

ADMISSION OF NEW MEMBERS

The Company may admit new members as provided in the Company's regulations.

ARTICLE VII

WITHDRAWAL OF MEMBER

Upon the death, bankruptcy, or dissolution of a member, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the business of the Company shall be continued as provided in the Company's regulations.

ARTICLE VIII

AMENDMENT

These Articles of Organization may be amended as provided in the Company's regulations.

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE IX

SUBSCRIBER

The name and address of the person signing these Articles of Organization, who is an authorized representative of a member of the Company, is:

the company, is.	
Name	Address
E. Ralph Tirabassi	1515 Ringling Blvd., Suite 1000 Sarasota, Florida 34236
EXECUTED on	, 1998.
Witnesses:	-
Mh	Sall \'uebare'
Mande My	E. RALPH TIRABASSI Subscriber
•	
STATE OF FLORIDA	
COUNTY OF SARASOTA	
The foregoing instrument was acknowledged before me on $\frac{1}{2}$, 1998, by E. RALPH TIRABASSI, who is personally known to me.	
	Ill
	(Name) Notary Public Serial Number (if any) Commission Expiration Date
	Official Seal RICHARD GANS Notary Public, State of Florida My comm expires February 16,1999 Comm No CC 439808

ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby agrees, as registered agent, to accept service of process on behalf of the Company. The undersigned is familiar with and accepts all of the obligations of a registered agent of a Florida limited liability company.

CAPITAL CONNECTION, INC., a Florida corporation

Rv.

(Print name)

Ttg.

ient Representative

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OIVISION OF CORPORATIONS

AFFIDAVIT UNDER F.S. 608.407(2)

The undersigned, being an authorized representative of the sole member of ALLEGRETTO, L.C., a Florida limited liability company, (the "Company"), being first duly sworn, deposes and says as follows:

- The Company has at least two members.
- 2. The members have contributed to the Company \$430,000.00 in cash.
- No additional cash or other property is anticipated to be contributed to the Company by its members.

FURTHER AFFIANT SAYETH NOT.

Dated:

STATE OF FLORIDA

COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me on 1998, by E. RALPH TIRABASSI, who is personally known to me or who has produced identification and who did take an oath.

(Name

Notary Public

Serial Number (if any)

Commission Expiration Date

F:\USERS\RRG\AGR\36MN_148559

Official Seal RICHARD GANS

Notary Public, State of Florida My comm expires February 16,1999

Comm Na CC 439808