

L06000107412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200081282982

11/02/06--01011--011 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV - 3 AM 11:44

W06-48363  
J. BRYAN NOV - 3 2006

J. BRYAN NOV - 6 2006

Patricia E Bologna - Garagotz10

AUTHORIZATION BY PHONE TO

CORRECT principal office address:

DATE 11/06/06 @ 10:26am

DOC. FIRM J. Bryan

3903 Postbridge Trail  
Melbourne, FL 32934

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: VIERA OAKS PROFESSIONAL CENTER, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia E. Bologna-GARAGOZIO  
(Name of Person)

PSP OF BREVARD, LLC  
(Firm/Company)

P.O. Box 410686  
(Address)

MELBOURNE Florida 32941  
(City/State and Zip Code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
NOV -13 AM 11:44

For further information concerning this matter, please call:

Patricia E. GARAGOZIO at 321 757-7570  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2006

PATRICIA E. BOLOGNA-GARAGOZLO  
PSP OF BREVARD, LLC  
P.O. BOX 410686  
MELBOURNE, FL 32941

SUBJECT: VIERA OAKS PROFESSIONAL CENTER, LLC  
Ref. Number: W06000048363

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
09 NOV - 3 AM 11:14

We have received your document for VIERA OAKS PROFESSIONAL CENTER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 106A00065131

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3903 Postridge Trail  
Melbourne, FL 32941

Mailing Address:

P.O. Box 410686  
Melbourne, FL 32941

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:

Patricia E. Bologna-Garagozlo  
Name  
3903 Postridge Trail  
Florida street address (P.O. Box **NOT** acceptable)  
Melbourne FL 32934  
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 608, F.S..*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV - 9 AM 11:46

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

PSP of Brevard LLC  
P.O. Box 410686  
MELBOURNE, Florida 32941

MGRM

RRLS LLC  
28 MARSHALL AVE  
FLORAL PARK, N.Y. 11001

MGRM

KJ Viera, LLC  
963 Loggerhead Island Drive  
SATellite Beach, FL 32937

MGRM

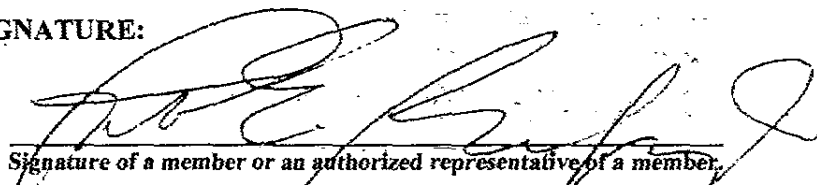
RTLD LLC  
11 Nancy Rd.  
NANUET, N.Y. 10954

(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.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PATRICIA E. BOLOGNA-GARAGOZ/0  
Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED STATE  
SECRETARY OF CORPORATIONS  
06 NOV -3 AM 11:14