Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : LEVINE & PARTNERS, P.A.

Account Number : 074677001117 : (305)372-1350 Phone Fax Number : (305)372-1352

LIMITED LIABILITY COMPANY

4807-11 PONCE DE LEON, LLC

Certificate of Status	1
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Page Count	04
Estimated Charge	\$160.00

UNVISION OF CORPORATION

### ARTICLES OF ORGANIZATION OF 4807-11 PONCE DE LEON, LLC

### ARTICLE I NAME OF COMPANY

The name of this limited liability company shall be:

4807-11 PONCE DE LEON, LLC

## ARTICLE II ADDRESS

The Company's mailing and street address is:

c/o Fredric M. Skopp 1605 Main Street, Suite 711 Sarasota, Florida 34236

## ARTICLE III NATURE OF BUSINESS

The general purpose for which this Company is organized is to engage in any lawful activity or to transact any lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act.

ALAN W. LEVINE, ESQ. LEVINE & PARTNERS, P.A. 1110 Brickell Avenue, 7th Floor Miami, Florida 33131 Telephone: (305) 372-1350 Florida Bar Number 866822 13LINAN OF PHI2: 28

# ARTICLE IV INITIAL REGISTERED AGENT AND THE REGISTERED AGENT'S ADDRESS

The Company's initial Registered Agent and the Registered Agent's address in the State of Florida shall be:

ALAN W. LEVINE, ESQ. 1110 Brickell Avenue 7th floor Miami, Florida 33131

## ARTICLE V ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted to the Company from time to time upon the terms and conditions unanimously agreed upon by the members in the manner provided by the Regulations of the Company.

### ARTICLE VI CONTINUATION OF BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member in the Company, the Company's business shall not continue and the Company shall be dissolved in accordance with the provisions of the Florida Limited Liability Company Act, unless the remaining members unanimously agree to continue the business of the Company in the manner provided by the Company's Regulations.

## ARTICLE VII MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager-managed company.

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THE UNDERSIGNED, as the authorized representative of the Member(s) of the Company, for the purpose of forming a limited liability company to do business within the State of Florida, does make and file these Articles of Organization, hereby declaring and certifying that the facts stated are true.

STATE OF FLORIDA )
):ss

COUNTY OF DADE

The foregoing instrument was acknowledged before me this  $6^{th}$  day of June, 2003, by Alan W. Levine, who is personally known to me.

SEPT 9,2004

COMMISSION NUMBER DOTARY PUBLIC, STATE OF FLORIDA
COMMISSION EXPIRES
MY COMMISSION EXPIRES

My Commission Expires:

## CERTIFICATE ACCEPTING DESIGNATION AS AN AGENT UPON WHOM SERVICE OF PROCESS WITHIN THIS STATE MAY BE SERVED

The following is submitted pursuant to Sections 608.415 and 608.507 of the Florida Limited Liability company Act:

Having been appointed registered agent of 4807-11 Ponce de Leon, LLC in its Articles of Organization, at the place designated in such Articles of Organization, the undersigned hereby agrees to act in this capacity and affirms that it is familiar with, and accepts, the obligations of such position.

STATE OF FLORIDA )
):88
COUNTY OF DADE )

The foregoing instrument was acknowledged before me this 6th day of June, 2003, by Alan

COMMISSION NUMBER
CO965849
MY COMMISSION EXPIRES
SEPT #,2004

W. Levine, who is personally known to me.

TARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

SECRETARY OF STATE SALL AHASSEF. FLORE