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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

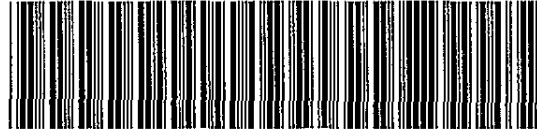
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRET
TALLAHASSEE, FLORIDA

5p



James M. Shuta
Attorney At Law

May 25, 2005

Registration Section
Department of Corporations
P.O. Box 6327
409 East Gaines Street
Tallahassee, Florida 32301-2412

Re: NICKOLAKIS FAMILY
LIMITED LIABILITY COMPANY

Gentle(wo)men:

Enclosed are the following documents which are submitted to
the purpose of commencing this business:

1. Articles of Organization
2. Registered Agent Certificate

Also enclosed is a check in the amount of \$ 160.00 for the
following:

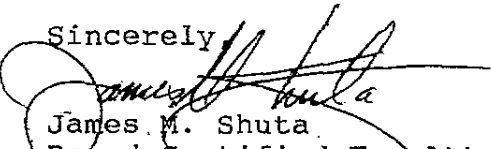
Filing Fee	\$ 100.00
Registered Agent Fee	25.00
Certified Copy	30.00
Certificate of Status	5.00

Please note in Article VIII that this Limited Liability Company
COMMENCES BUSINESS UPON FILING.

Please return the certified copy and the certificate to me after
recording.

Thank you for your continued assistance.

Sincerely,


James M. Shuta
Board Certified Tax Attorney

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05 JUN - 6 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

Pursuant to Section 608.407 Florida Statutes, the Limited Liability Company named below submits the following Articles of Organization:

ARTICLE I

Name

The name of the Limited Liability Company is NICKOLAKIS FAMILY LIMITED LIABILITY COMPANY.

ARTICLE II

Address

The mailing address and street address of the Principal Office is 1501 S. Pinellas Ave, Suite K, Tarpon Springs, FL 34689.

ARTICLE III

Business

This Limited Liability Company shall engage in the business ownership of real, personal and/or mixed property.

ARTICLE IV

Duration

The Limited Liability Company shall commence upon filing the Certificate with the Secretary of State of Florida and shall continue until the expiration of fifty (50) years thereafter unless sooner dissolved by law or by written consent of all the Members hereto.

ARTICLE V

Management

The Limited Liability Company shall be managed by its authorized Member whose name, mailing address and street address is Irene A. Nickolakis, M.D., 1501 S. Pinellas Ave, Suite K, Tarpon Springs, FL 34689.

ARTICLE VI

Restrictions on Transfers

No Member may sell, assign, transfer, encumber, or otherwise dispose of any interest in the Limited Liability Company without the prior written consent of all of the Members. A Member may transfer his or her interest in the Company as set forth in the Regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a Member unless all the other Members of the Company other than the Member proposing to dispose of his or her interest and the Manager approve of the proposed transfer by unanimous written consent.

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

ARTICLE VII
Members Rights to Continue Business

The death, withdrawal of a Member, whether voluntary or involuntary, expulsion, bankruptcy or dissolution of a Member shall not terminate the Limited Liability Company, which business shall continue so long as there is at least one remaining Member.

ARTICLE VIII
Effective Date

The effective date of the Limited Liability Company shall be as of the date of filing with the Secretary of State of Florida.

These Articles of Organization of a Florida Limited Liability Company are executed by either a majority in voting interest of the Members or by one or more Members authorized by a majority in voting interest of the Members.

SIGNED this 1 day of June, 2005.

WITNESSES:

AUTHORIZED MEMBER:

Andrew C. Nickolakis
Sign Name

ANDREW C. NICKOLAKIS
Print Name

Christine Nickolakis
Sign Name

Christine Nickolakis
Print Name

Irene A. Nickolakis
Irene A. Nickolakis, M.D., Mahagad

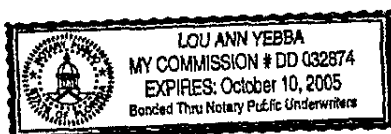
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA
COUNTY OF PINELLAS

I HEREBY CERTIFY that on the 1 day of June, 2005, the foregoing was acknowledged before me by Irene A. Nickolakis, M.D. (✓) who is personally known to me or () who produced _____ as identification and who () did or () did not take an oath.

Lou Ann Yebba
Notary Public, State of Florida



Lou Ann YEBBA
(Printed Name)
My Commission Expires: 10/10/2005
Commission No. DD 032874

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415 Florida Statutes, the undersigned LIMITED LIABILITY COMPANY, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the Limited Liability Company is:

NICKOLAKIS FAMILY LIMITED LIABILITY COMPANY

2. The name and address of the registered agent and office is:

Irene A. Nickolakis, M.D.
1501 S. Pinellas Ave, Suite K
Tarpon Springs, FL 34689

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.



Irene A. Nickolakis, M.D.
Registered Agent

Date: 6/1, 2005

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TALLAHASSEE, FLORIDA