

L05000110814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

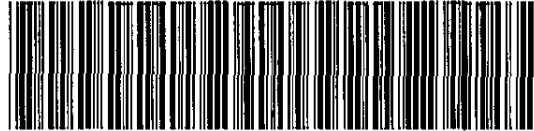
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EFFECTIVE DATE
11/15/05

RECEIVED
05 NOV 16 AM 11:13
STATE OF FLORIDA

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05 NOV 16 AM 9:54
STATE OF FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ED
DATE: 11/15/05
REF. #: 1133.44454
CORP. NAME: VILLAS IOANNIDES, L.L.C.

PLEASE NOTE EFFECTIVE DATE

EFFECTIVE DATE
11/15/05

05 NOV 16 AM 11:13
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 514939 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
VILLAS IOANNIDES, L.L.C.**

05 NOV 16 AM 11:13
TALLAHASSEE, FLORIDA
EFFECTIVE DATE
11/15/05

ARTICLE I - NAME

The name of Company shall be:
VILLAS IOANNIDES, L.L.C.

ARTICLE II- PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The initial principal office and mailing address of the Company shall be:

**1100 St. Lucie West Boulevard
Suite # 105
Port St. Lucie, FL 34986**

ARTICLE III - INITIAL REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The Company's initial registered agent and registered office in the State of Florida shall be:

**CorpDirect Agents, Inc.
515 East Park Avenue
Tallahassee, FL 32301**

ARTICLE IV - EXECUTION OF ARTICLES OF ORGANIZATION

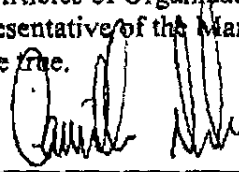
The name and post office address of the person duly authorized to execute these Articles of Organization is as follows:

**Camille J. L. Miller, Esq.
Zumpano Patricios & Winker, P.A.
999 Ponce de Leon Blvd.
Penthouse 1110
Coral Gables, FL 33134**

ARTICLE V – EFFECTIVE DATE

The effective date of these Articles of Organization shall be November 15, 2005.

The undersigned, 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 he is the authorized representative of the Manager of the Company and certifying that the facts stated above are true.

A handwritten signature in black ink, appearing to read 'Camille J. L. Miller', written over a horizontal line.

Camille J. L. Miller, Esq.

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE FORGOING LIMITED LIABILITY CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES OF ORGANIZATION THE UNDERSIGNED HEREBY AGREES TO ACT IN THIS CAPACITY AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF HIS DUTIES.

DATED THIS 16 DAY OF NOVEMBER, 2005.

A handwritten signature in black ink, appearing to be "E. J. ...", written over a horizontal line.

CorpDirect Agents, Inc.