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(Address)

(City/State/Zip/Phone #)

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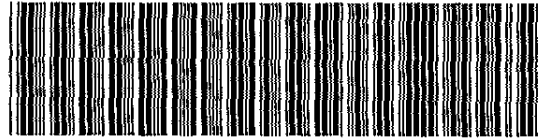
(Business Entity Name)

(Document Number)

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SECRET, FLORIDA STATE
TALLAHASSEE, FLORIDA

N. Culligan MAR - 3 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vagovic Properties, 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:

Lloyd Bowers, Esq.

(Name of Person)

Wickersham & Bowers

(Firm/Company)

P.O. Drawer 2250

(Address)

Daytona Beach, Florida 32115-2250

(City/State and Zip Code)

For further information concerning this matter, please call:

Lloyd Bowers

(Name of Person)

at (386)

252-3000

(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

ARTICLES OF ORGANIZATION
FOR
VAGOVIC PROPERTIES, LLC
(A Florida Limited Liability Company)

ARTICLE 1:

The name of the Florida Limited Liability Company is **Vagovic Properties, LLC**.

ARTICLE 2:

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

Principal Office Address:

1630 Mason Avenue
Daytona Beach, Florida 32117

Mailing Address:

1630 Mason Avenue
Daytona Beach, Florida 32117

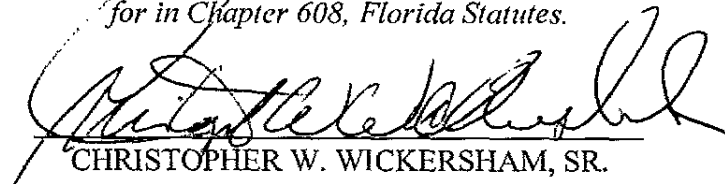
ARTICLE 3:

The name and the Florida street address of the registered agent are:

Christopher W. Wickersham, Sr., Esq.
Wickersham and Bowers
501 N. Grandview Avenue
Suite 115
Daytona Beach, Florida 32118

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TALLAHASSEE, FLORIDA

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 accept 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, Florida Statutes.


CHRISTOPHER W. WICKERSHAM, SR.

ARTICLE 4:

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

Title:

Name and Address:

Manager

R. John Vagovic, M.D.
1630 Mason Avenue
Daytona Beach, Florida 32117

In accordance with Section 608.408(3), *Florida Statutes*, I declare under penalty of perjury that the aforestated facts are true and correct.

Dated this 21st day of February, 2006.



R. JOHN VAGOVIC, M.D.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA