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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

Registration Section

| Division of Cor | porations | | | | | |
|--------------------------------|---|---|--|--|--|--|
| SUBJECT: BELLA VIDA PLAZA, LLC | | | | | | |
| <u></u> | | I Liability Company) | | | | |
| | | | | | | |
| The enclosed Articles of | Organization and fee(s) are so | ubmitted for filing. | | | | |
| Please return all corresp | ondence concerning this matte | r to the following: | | | | |
| Joseph E | . Nix | | | | | |
| | (1 | Name of Person) | | | | |
| West Fla. | Builders Group, | Inc. | | | | |
| _ | | Firm/Company) | | | | |
| 240 71st | Avenue | | | | | |
| | <u> </u> | (Address) | | | | |
| St Pete F | Beach, Fl. 33706 | 3 | | | | |
| Ot 1 Ctc L | | State and Zip Code) | <u> </u> | | | |
| | (| | | | | |
| For further information of | concerning this matter, please | call: | | | | |
| Joseph E Nix | | at / 727 \ 687-05 | 55 | | | |
| | of Person) | at (727) 687-059 (Area Code & Daytime Te | elephone Number) | | | |
| | | | | | | |
| Enclosed is a check fo | r 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | |
|--|---|----------|-------|
| The name of the Limited Liability Company is: | | | |
| | | | |
| BELLA VIDA PLAZA , LLC | | | *,=- |
| (Must end with the words "Limited Liability Company, "Limited | d Company" or their abbreviation "LLC," or "L.C.,") | | |
| ARTICLE II - Address: | | | |
| The mailing address and street address of the pri | ncipal office of the Limited Liability Co | mpany is | s: |
| Principal Office Address: | Mailing Address: | | |
| 240 71ST Avenue | 240 71st Avenue | | |
| St. Pete Beach, FL 33706 | St Pete Beach, FL 33706 | _ , | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re Joseph E. Nix Name 240 71st Avenue Florida street address St Pete Beach, | ered Agent. You must designate an individual or anoth | | FILED |
| City, State, ar | | | • • |
| | | | |

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)
Page 1 of 2

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

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

| <u>Title:</u> "MGR" = Manag "MGRM" = Man | | Name and Address: | | | |
|--|---|---|---------------------|----------|------|
| MGRM | | WEST FLA. BUILDERS GROUP, IN | IC | | |
| | · | 240 71st Avenue | <u></u> . | | |
| | | St Pete Beach, FL. 33706 | | | |
| MGRM | | PHOENIX RESOURCES 11.0 | | | |
| MGKM | | PHOENIX RESOURCES, LLC 340 Coffee Pot Riviera N. E. | | | |
| | | St. Petersburg, FL. | | | |
| | | St. Petersburg, PL. | | | - |
| | <u></u> | | | | |
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| | date, if other than the dat ted, the date must be sp | te of filing: April 20th 2006 . (epecific and cannot be more than five bu | OPTION siness da | | rior |
| REQUIRED SIG | GNATURE: | | SECIN | 06 APR | |
| | 164 | 1 | ¥. | <i>ž</i> | T |
| | Signature of a member of | r an authorized representative of a member. | SEL | 7 | |
| | (In accordance with section | n 608.408(3), Florida Statutes, the execution | | 7 | |
| | of this document constitute that the facts stated herei | es an affirmation under the penalties of perjury | | ** | |
| | JOSEPH E. NIX | m me ade.j | Ì.TE | 23 | |
| | | or printed name of signee | - | | |

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)