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06 NOV - 3 AM 11:44

106-48363
J. BRYAN NOV - 3 2006

J. BRYAN NOV - 6 2006

Patricia E Bologna - Garagotz10

AUTHORIZATION BY PHONE TO

CORRECT principal office address:

DATE 11/06/06 @ 10:26am 3903 Postbridge Trail
Melbourne, FL 32934

DOC. FEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIERA OAKS PROFESSIONAL CENTER, 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:

Patricia E. Bologna-GARAGOZIO
(Name of Person)

PSP OF BREVARD, LLC
(Firm/Company)

P.O. Box 410686
(Address)

MELBOURNE Florida 32941
(City/State and Zip Code)

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For further information concerning this matter, please call:

Patricia E. GARAGOZIO at 321 757-7570
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2006

PATRICIA E. BOLOGNA-GARAGOZLO
PSP OF BREVARD, LLC
P.O. BOX 410686
MELBOURNE, FL 32941

SUBJECT: VIERA OAKS PROFESSIONAL CENTER, LLC
Ref. Number: W06000048363

FILED
SECRETARY OF CORPORATIONS
06 NOV - 3 AM 11:14

We have received your document for VIERA OAKS PROFESSIONAL CENTER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 106A00065131

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vicra Oaks Professional Center, LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

3903 Postridge Trail
Melbourne, FL 32941

Mailing Address:

P.O. Box 410686
Melbourne, FL 32941

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Patricia E. Bologna-Garagozlo
Name
3903 Postridge Trail
Florida street address (P.O. Box **NOT** acceptable)
Melbourne FL 32934
City, State, and Zip

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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

PSP of Brevard LLC
P.O. Box 410686
MELBOURNE, Florida 32941

MGRM

RRLS LLC
28 MARSHALL AVE
FLORAL PARK, N.Y. 11001

MGRM

KJ Viera, LLC
963 Loggerhead Island Drive
SATellite Beach, FL 32937

MGRM

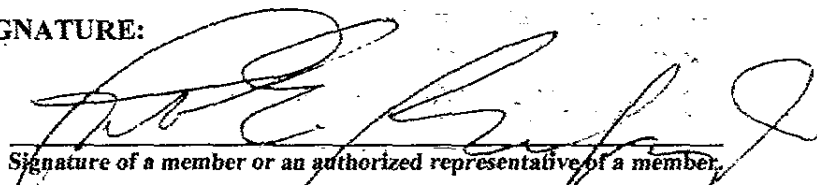
RTLD LLC
11 Nancy Rd.
NANUET, N.Y. 10954

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PATRICIA E. BOLOGNA-GARAGOZ/0

Typed or printed name of signer

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)

FILED STATE
SECRETARY OF CORPORATIONS
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