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COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT: WILDW Creek 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					
PSP of Brevard LLC					
POBOX 410686					
MElbourne, Fronda 32941					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Tatrica E. Galagoslo at 321 253-0055 (Name of Person) (Area Code & Daytime Telephone Number)					
\mathcal{O} .					
Enclosed is a check for the following amount:					
\$125.00 Filing Fee \$\ \text{Certificate of Status} \] \$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)					
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301					



November 3, 2006

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

SUBJECT: WILLOW CREEK CENTER, LLC

Ref. Number: W06000048380

We have received your document for WILLOW CREEK 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) 245-6853.

Letter Number: 706A00065153

Leslie Sellers Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	IC	LE	I	- N	ame:
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The name of the Limited Liability Company is:

Willow Creek Center LL C
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

(MU15, 12.3.2934) - Melbourery 12.3294)
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 etreet address of the registered agent are: ONICO E. BOIOGNA-GARAGOZIO Name
3903 Postvidge TRAC Florida street address (P.O. Box NOT acceptable)
MELOUNE 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..

Registered Agent's Signature (REQUIX

(CONTINUED)
Page 1 of

DIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) See attached ARTICLE V: Effective date, if other than the date of filing: _ (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 of an authorized representative of a member. (in accordance with section 608,408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 3

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent \$ 30.00 Certified Copy (Optional) VISION OF STAFE OF ST

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" = Manager	Name and Address:				
"MGRM" = Managing Member WGRM	DS Grissom UC 4324 PEA BIVE FRIB #121 Baim Beach Gardens, FE, 33418				
· · · · · · · · · · · · · · · · · · ·					
(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 or 90 days after the date of filing.)					
REQUIRED SIGNATURE:					
(In accordance with s	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation ander the penalties of perjury therein are true.)				
Typed or printed name of signce					

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)

Page 3 of 3