

L07000013607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

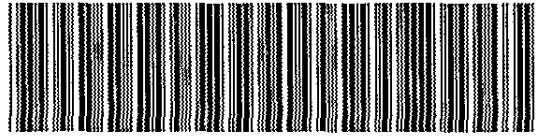
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02/06/07--01030--024 \*\*155.00

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07 FEB -6 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

07 FEB -6 PM 12:51

NOTARY PUBLIC  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 02/06/07

REF. #: 000409.63734

CORP. NAME: VO VI SOUTH POINTE, LLC

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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# 520182 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

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

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
VO VI SOUTH POINTE, LLC**

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TALLAHASSEE, FLORIDA

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **VO VI SOUTH POINTE, LLC**

**ARTICLE II: - Address**

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

**1000 South Pointe Drive  
#3602  
Miami Beach, Florida 33139**

**ARTICLE III: - Registered Agent, Registered Office, and Registered Agent's Signature:**

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

**H. Allan Shore  
One S.E. Third Avenue  
Suite 2800  
Miami, Florida 33131**

*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.*

  
H. Allan Shore, Registered Agent

**ARTICLE IV: - Management**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**ARTICLE V: - Manager(s) or Managing Member(s)**

The name and address of each Manager is as follows:

MGR

Basil Vasiliou  
1000 South Pointe Drive  
#3602  
Miami Beach, Florida 33139

  
H. Allan Shore, Authorized Representative

(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.)

H. Allan Shore  
Typed or printed name of signer