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07 APR -9 AM 11:55  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

4/5/07

FILED  
07 APR -9 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FILING COVER SHEET  
ACCT. #FCA-14

EFFECTIVE DATE 4/5/07

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TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 04/09/07

REF. #: 001133.66850

CORP. NAME: IOAN-CONDOMINIUM HOLDINGS, LLC

- |  |   |   |
|--|---|---|
| <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# 520810 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

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

PLEASE RETURN:

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

Examiner's Initials

EFFECTIVE DATE 4/5/07

**ARTICLES OF ORGANIZATION  
OF  
IOAN-CONDOMINIUM HOLDINGS, LLC**

**FILED**  
07 APR -9 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME**

The name of the limited liability company shall be:

**IOAN-CONDOMINIUM HOLDINGS, LLC**  
("Company")

**ARTICLE II - MAILING ADDRESS**

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

**140 Southwest Chamber Court, Suite 200  
Port St. Lucie, FL 34986**

**ARTICLE III - REGISTERED AGENT, OFFICE AND AGENT'S SIGNATURE**

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

**CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, FL 32301**

**ARTICLE IV - EXECUTION OF ARTICLES OF ORGANIZATION**

The name and post office address of the person duly authorized to execute these Articles of Organization is as follows:

**Camille Miller, Esq.  
Zumpano Patricios and Winker, P.A.  
999 Ponce de Leon, Blvd.  
Penthouse 1110  
Coral Gables, FL 33134**

**ARTICLE V - EFFECTIVE DATE**

The effective date of these Articles of Organization shall be:

**April 5, 2007**


The undersigned, for the purpose of forming a limited liability company to do business within the State of Florida, does make and file these Articles of Organization, hereby declaring and certifying that she is the authorized representative of the Manager of the Company and certifying that the facts stated above are true.

  
Camille Miller, Esq.

**ACCEPTANCE BY REGISTERED AGENT**

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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT AS PROVIDED FOR IN CHAPTER 608, F.S.

DATED THIS 9<sup>th</sup> DAY OF APRIL, 2007.

  
\_\_\_\_\_  
Corp Direct Agents, Inc.  
Kevin R Roberts  
Pres. 