

LO8000049114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

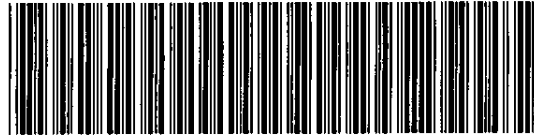
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/19/08--01003--016 \*\*155.00

RECEIVED  
08 MAY 16 PM 4:41  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 MAY 16 AM 8:33  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR  
MAY 19 2008  
EXAMINER

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

FILED  
08 MAY 16 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 05-16-2008

REF. #: 000650.86995

CORP. NAME: LUIS VILLA, IV, 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# 526084 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  
LUIS VILLA, IV, LLC

FILED  
08 MAY 16 AM 8:33  
TALLAHASSEE, FLORIDA

ARTICLE I  
Name

The name of the Limited Liability Company is LUIS VILLA, IV, LLC (the "Company")

ARTICLE II  
Address

The mailing address and street address of the principal office of the Company is 200 Casurina Concourse, Coral Gables, Florida 33143.

ARTICLE III  
Registered Agent

The name of the Company's registered agent in the State of Florida is Luis Villa, Jr. and the address of the Company's registered office is 200 Casurina Concourse, Coral Gables, Florida 33143.

ARTICLE IV  
Duration

The period of duration for the Company shall be perpetual.

ARTICLE V  
Management

The Company is to be a manager-managed company and the name and address of the initial manager is:

Luis Villa, Jr., as Trustee of the Luis Villa, Jr. LLC Trust Agreement dated FEBRUARY 29, 2008, as it may be amended from time to time  
200 Casurina Concourse  
Coral Gables, Florida 33143

**ARTICLE VI**  
**Admission of Additional Members**

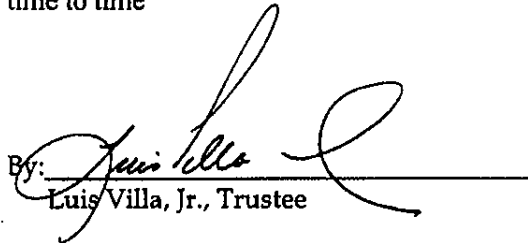
Members shall have the right to admit additional members as provided by the Florida Limited Liability Company Act by a vote of a majority-in-interest of the members.

**ARTICLE VII**  
**Members' Rights to Continue Business**

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

**MEMBER:**

Luis Villa, Jr. LLC Trust Agreement dated  
FEBRUARY 29, 2008, as it may be amended from  
time to time

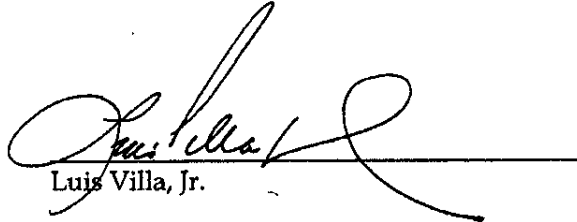
By:   
Luis Villa, Jr., Trustee

**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is LUIS VILLA, IV, LLC
2. The name and address of the registered agent and office is: Luis Villa, Jr., 200 Casurina Concourse, Coral Gables, Florida 33143.

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.*

  
Luis Villa, Jr.