

L58060080423

(Requestor's Name)

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(City/State/Zip/Phone #)

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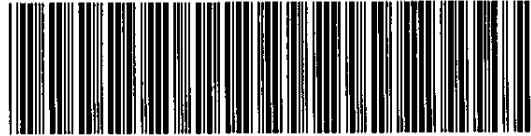
(Business Entity Name)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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08 AUG 22 AM 11:45  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

AUG 22 2008

EXAMINER

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*"When you need ACCESS to the world"*

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TALLAHASSEE FLORIDA

LLC

1.

Lee County Gran Villa, LLC  
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

ARTICLES OF ORGANIZATION

OF

LEE COUNTY GRAN VILLA, LLC,

A Florida Limited Liability Company

FILED  
08 AUG 22 AM 11:45  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The undersigned individual, being either a member or the authorized representative of a member, hereby presents these Articles of Organization to the Secretary of State of the State of Florida for the formation of a Limited Liability Company under the laws of the State of Florida.

ARTICLE I

The name of the Limited Liability Company is: LEE COUNTY GRAN VILLA, LLC

ARTICLE II

This Limited Liability Company is to exist in perpetuity. The existence of this Limited Liability Company shall commence on the date these Articles are filed with the Secretary of State of the State of Florida.

ARTICLE III

The name of the initial registered agent and the street address of the initial registered office are as follows:

Registered Agent

Address of Registered Office

DR. ALFREDO VILLA

450 NORTH ESPLANE DRIVE  
MIAMI SPRINGS, FLORIDA 33166

ARTICLE IV

The mailing address and the street address of the principal office of this Limited Liability Company are both:

450 NORTH ESPLANE DRIVE  
MIAMI SPRINGS, FLORIDA 33166

IN WITNESS WHEREOF, each individual has hereunto executed these Articles of Organization this 19 day of August, 2008.

Dr. Alfredo Villa  
DR. ALFREDO VILLA, AUTHORIZED REPRESENTATIVE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED LIMITED LIABILITY COMPANY, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, THE UNDERSIGNED AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF HIS DUTIES.

Dr. Alfredo Villa  
DR. ALFREDO VILLA, Date 8/19/2008