

LO 800 0080425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

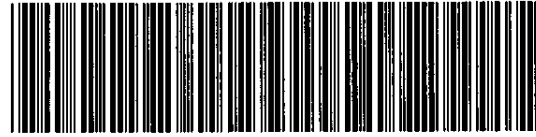
(Business Entity Name)

(Document Number)

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

Special instructions to Filing Officer:

Office Use Only



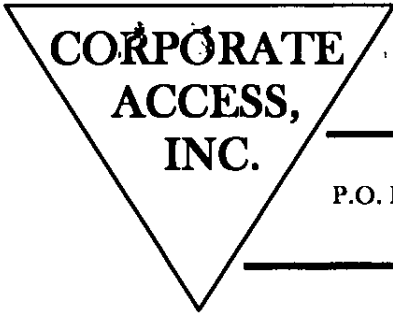
600134418806

08/22/08--01003--013    \*\*1705.00

RECEIVED  
08 AUG 22 AM 10:40  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

B. KOHR  
AUG 22 2008  
EXAMINER



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

PICK UP:

8/22/08 (BN)

FILED  
08 AUG 22 AM 11:45  
TALLAHASSEE, FLORIDA



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

LLC

1.

3058-60 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:

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

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

ARTICLES OF ORGANIZATION  
OF

3058-60 GRAN VILLA, LLC,

A Florida Limited Liability Company

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: 3058-60 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:

<u>Registered Agent</u>	<u>Address of Registered Office</u>
DR. ALFREDO VILLA	450 NORTH ESPLANADE 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 ESPLANADE 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