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EXAMINER

RICKEY L. FARRELL, ATTORNEY AT LAW, P.A.

1595 SE PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FLORIDA 34952 (772) 335-5455 (772) 337-3485 FAX

March 12, 2009

Department of State **Division of Corporations**409 E. Gaines Street

Tallahassee, Florida 32399

RE: Vegas 21, LLC

Dear Sir or Madam:

Enclosed herewith are an original and one copy of the Articles of Organization and acceptance by Registered Agent for the above-referenced new limited liability company. Please file the originals in your offices and certify and return to us a certified copy.

I am enclosing a check in the amount of \$125.00, which covers the filing and registered agent designation fees. Thank you for your assistance in this matter.

Sincerely,

Tiffany N. Gonsalves, CLA FRP

Certified Paralegal

Enc.

ARTICLES OF ORGANIZATION

OF

VEGAS 21, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608.407, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization:

ARTICLE I - NAME

The name of this limited liability company is Vegas 21, LLC

ARTICLE II - DURATION

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - ADDRESS

The street address of the principal office and the mailing address of the Company shall be 1595 S.E. Port St. Lucie Boulevard, Port St. Lucie, Florida 34952.

ARTICLE IV - MANAGEMENT

Management of the Company shall be reserved to the Member(s). The Managing Member of the Company shall be Stephen Aviano. The Member(s) of the Company are as follows:

Stephen Aviano 2164 SE Cassleberry Drive Port St. Lucie, Florida 34952

ARTICLE V - ADDITIONAL MEMBERS

Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.

ARTICLE VI -SURVIVORSHIP

In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business.

ARTICLE VI - REGISTERED AGENT

The street address of the initial registered agent of the Company is Rickey L. Farrell, Esquire, 1595 S.E. Port St. Lucie Boulevard, Port St. Lucie, Florida 34952.

Stephen Aviano, incorporator

STATE OF FLORIDA **COUNTY OF ST. LUCIE**

BEFORE ME, a Notary Public	authorized to take acknowledgments in the State and
County set forth above, personally app	peared Stephen Aviano, who has produced
na	as identification or who is personally known to me and
who executed the foregoing Articles of	Organization, and she acknowledged before me that she
executed the Articles of Organization.	• • • • • • • • • • • • • • • • • • •

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, day of March, 2009.

(SEAL)

TIFFANY N. GONSALVES Commission DD 729819 Expires November 7, 2011 Ronded Thru Troy Fein Insurance 800-385-7019

Notary Public State of Florida at Large
Printed Signature: Tiffang 1. Consalves
My Commission No:

My Commission Expires:

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above named company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. I am familiar with and accept the obligations of such position.

RICKEY L. PARRELL, ESQUIRE Registered Agent

STATE OF FLORIDA COUNTY OF ST. LUCIE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Rickey L. Farrell, who has produced ______ as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County,above, this <u>12¹¹</u> day of <u>March</u>, 2009.

(SEAL)
TIFFANY N. GONSALVES
Commission DD 729819
Expires November 7, 2011
Bonded Thru Tray Fein Insurance 900-905-7019

Notary Public State of Florida at Large
Printed Signature: The Gonsalves
My Commission No:
My Commission Expires:

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