

# L19000151754

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000917  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

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### FLORIDA LIMITED LIABILITY CO. PARC VISTA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
19 JUN 17 PM 0:32

FILED

ARTICLES OF ORGANIZATION

FOR

PARC VISTA, LLC

ARTICLE 1. - NAME:

The name of this Limited Liability Company ("Company") shall be:

PARC VISTA, LLC

ARTICLE 2. - ADDRESS

The mailing address and street address of the principal office of the Company is:  
16400 NW 59<sup>th</sup> Avenue, Miami Lakes, Florida 33014.

ARTICLE 3. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE 4. - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such managers is:

Alexander Ruiz  
16400 NW 59TH AVE  
MIAMI LAKES, FL 33014

Gustavo Alfonso  
15500 NEW BARN ROAD, SUITE 104  
MIAMI LAKES, FL 33014

Signature:   
Print Name: Alexander Ruiz, Manager  
Title: Manager

Signature of a member or an authorized representative of a member  
(In accordance with section 605, Florida Statutes, the execution of this  
affidavit constitutes an affirmation under the penalties of perjury that the facts  
stated herein are true.)

SECRETARY OF STATE  
19 JUN 17 PM 03:32  
TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. THE NAME OF THE LIMITED LIABILITY COMPANY IS: PARC VISTA, LLC.
- 2. The name and the Florida street address of the registered agent are:

ALEJANDRO VILARELLO, P.A.

Name

16400 NW 59TH AVE

Florida street address

Miami, Lakes, Florida 33014

CITY, STATE AND ZIP

*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 the obligations of my position as registered agent.*

Signature: \_\_\_\_\_

ALEJANDRO VILARELLO as authorized signatory of ALEJANDRO VILARELLO, P.A.