

L200000232540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

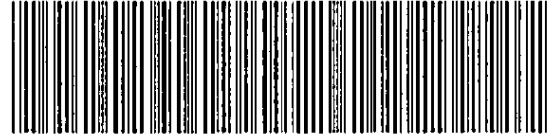
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

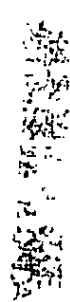
Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

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125

**CORPORATE
ACCESS,
INC.**

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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: 08/10/2020

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** LLC _____

1. **GOOD VISTANA PLAZA RE 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:**

**Articles of Organization
Good Vistana Plaza RE LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I -Name:

The name of the Limited Liability Company is:

Good Vistana Plaza RE LLC

ARTICLE II -Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

c/o Good Capital Group, Inc.
174 W Comstock Ave
Winter Park, FL 32789


ARTICLE III -Registered Agent and Registered Office:

The name and the Florida street address of the initial registered agent are:

Good Capital Group, Inc.
174 W Comstock Ave
Winter Park, FL 32789

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.

Good Capital Group, Inc.

By: 

Name: M. Carson Good

Title: President

ARTICLE IV – Managers:

The Limited Liability Company is Manager-Managed. The name and address of each person authorized to manage and control the Limited Liability Company are:

<u>Title</u>	<u>Name and Address</u>
Manager	Good Capital Group, Inc. 174 W Comstock Ave Winter Park, FL 32789

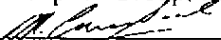
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IN WITNESS WHEREOF, I have signed these Articles of Organization as a member and acknowledge them to be my act this 10th day of July 2020. In accordance with Section 605.0203(1)(b) and Section 605.0205(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.

Good Capital Group, Inc.

By: 

Name: M. Carson Good

Title: President

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2020 AUG 11 AM 10:00

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TALLAHASSEE, FL