

L200000240308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

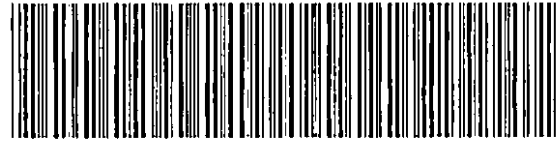
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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AUG 19 2020

**CORPORATE
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INC.**

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- ☐ **CERTIFIED COPY** _____
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1. GOOD VISTANA GP 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 GP LLC

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2020 AUG 18 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FL

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 GP LLC

ARTICLE II - Address:

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

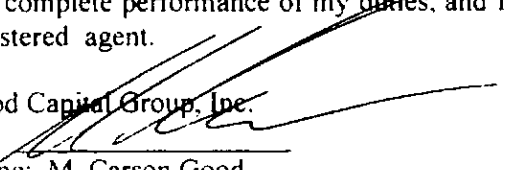
c/o Good Capital Group, Inc.
174 W Comstock Ave
Winter Park, FL 32789

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

The remainder of this page is blank intentionally. The signature page follows this page immediately.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this 18th day of August 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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