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SECRETARY OF STATE

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COVER	LETTER
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Division of Corporations		• *. • • •		
SUBJECT: ViStA Hom	es. LL	C		
Sobolett,	Name of Li	mited Liability C	ompany	
The enclosed "Application by Foreign Limi Existence, and check are submitted to regist	ted Liability Compa er the above referen	ny for Authorizat ced foreign limite	ion to Tran ed liability	sact Business in Florida," Certificate of company to transact business in Florida.
Please return all correspondence concerning	this matter to the fo	ollowing:		
Bryon	Firth			<u> </u>
	Nan	ne of Person		
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For further information concerning this mat	ter, please call:			
Bryan Firth Name of Contact	Person	at (877 Area Code) 93 Dayti	ine Telephone Number
MAILING ADDRESS:				ADDRESS:
Division of Corporations			Division o	f Corporations
Registration Section P.O. Box 6327			Clifton Bu	
Tailahassee, FL 32314				utive Center Circle e, FL 32301
Enclosed is a check for the following amou		5 ************************************	- ^	
	.00 Filing Fee & ate of Status	□ \$155.00 Filin Certified Copy	g ree &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



BKJT 15 DEC 21 PM 2: 26

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2015

BRYOON FIRTH 6692 MAJESTIC WAY CARPENTERSVILLE, IL 60110

SUBJECT: VISTA HOMES, LLC Ref. Number: W15000078944

We have received your document for VISTA HOMES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

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Neysa Culligan Regulatory Specialist II

Letter Number: 915A00025611

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FÖLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIAB. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	<i>ILITY</i>
. Wish Homes IIC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") RKTT LC	
(If name unavailable; enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")	
2. <u>I///Ao.'5</u> (Jurisdiction under the law of which foreign limited liability company is organized) 3. <u>90-0786207</u> (FEI number, if applicable)	
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 1580 Cleeks Crossing DR	
Algonquin The Gold 2 (Street Address of Principal Office)	
6. 1580 Creeks Crossing DR	
Algorian TL 60102 (Mailing Address)	ILE
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	. 0
Name: 11033 1141 67	2
Office Address: 3377 Mariner Blud	
Spr. Ng $\frac{11}{11}$, Florida $\frac{34609}{(Zip code)}$	
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the pladesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. (Registered agent's signature)	gree
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Bryan Filth managen	
Bryan Firth, manager 6692 Majestic Way	
Carpentersville IL 60/10	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under or of the translator must be submitted)	
Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.	
Bryow Firth Typed or printed name of signec	

File Number

0381607-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

VISTA HOMES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 13, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this day of DECEMBER A.D.

Authentication #: 1533602978 verifiable until 12/02/2016

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE

2015