A14000000504

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 19 2014

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 301422 4348161

AUTHORIZATION :

COST LIMIT : $ 1,000.00

ORDER DATE : September 17, 2014

ORDER TIME : 5:17 PM

ORDER NO. : 301422-005

CUSTOMER NO: 4348161

DOMESTIC FILING

NAME: VISTA CAPITAL FAMILY
LIMITED PARTNERSHIP

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
XX ____ CERTIFICATE OF LIMITED PARTNERSHIP
_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1. VISTA CAPITAL FAMILY LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix*)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 28 Porto Mar, Unit 303
(Street address of initial designated office)

Palm Coast, Florida 32137

3. Jean Gaulin
(Name of Registered Agent for Service of Process)

4. 28 Porto Mar, Unit 303
(Florida street address for Registered Agent)

Palm Coast, Florida 32137

5. *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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Jean Gaulin
Signature of Registered Agent

6. 28 Porto Mar, Unit 303, Palm Coast, Florida 32137
(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

8. Name and business address of each general partner:

Name:	Business Address:
Vista Capital, LLC	28 Porto Mar, Unit 303 Palm Coast, FL 32137

9. Effective date, if other than the date of filing: _____.

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 31 day of August, 2014.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.

Vista Capital, LLC

By: _____
Jean Gaulin, Managing Member

Filing Fees: **$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): **$52.50**
Certificate of Status (optional): **$8.75**