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PARCORP

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Division of Corporations

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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 922-4003

From: Account Name : PARCORP SERVICES, LTD.  
Account Number : 119990000011  
Phone : (727) 320-9848  
Fax Number : (727) 320-9648

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TALLAHASSEE FLORIDA

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LIMITED LIABILITY COMPANY

PARADISE VISTA LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF  
PARADISE VISTA LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

PARADISE VISTA LLC

ARTICLE II - Address:

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

1221 AIRPORT RD., SUITE 208, DESTIN, FL 32541

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

DAVID A. OWEN

Name

1221 AIRPORT ROAD, SUITE 208

Florida street address (P.O. Box NOT ACCEPTABLE)

DESTIN, FL 32541

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 as provided for in 608, F.S.

*David A. Owen*

Registered Agent's Signature

ARTICLE IV - Management (Check Box if Applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is therefore a manager - managed company.

*Henry C. Tiemeyer III*

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HENRY C. TIEMEYER III

Typed or Printed name of signee

Preparer Info:

Parcorp Services, Ltd. / Michael J. Jagoda,  
PMB 258 - 13799 PARK BLVD. N., SEMINOLE, FL 33776 / Phone: 727-320-9848

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 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:

**PARADISE VISTA LLC**

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

**DAVID A. OWEN**

Name

**1221 AIRPORT ROAD, SUITE 208**

Florida street address (P.O. Box NOT ACCEPTABLE)

**DESTIN, FL 32541**

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 as provided for in Chapter 608, F.S.*

*David A Owen*

Registered Agent **DAVID A. OWEN**

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