Florida Department of State

Division of Corporations Public Access System

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CORPORATIONS

Fax Number : (850) 205-0383

From:

Account Name : RICHARD M. MOGERMAN, P.A.

To:

From:

Account Name : RICHARD M. MOGERMAN, P.A.

Account Number: I20030000040 : (954)475-7171 Fax Number : (954) 475-2212

LIMITED LIABILITY COMPANY

AQUA VISTA, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AQUA VISTA, LLC

ARTICLE II - Address:

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

150 SOUTH PINE ISLAND ROAD, SUITE 130, PLANTATION, FLORIDA 33324

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

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

RICHARD M. MOGERMAN, P.A. 150 SOUTH PINE ISLAND ROAD, SUITE 130 PLANTATION, FLORIDA 33324

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 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 Cyapter 608, F.S.

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one or more managers and is, then member - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an 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 here in are true.)

RICHARD M. MOGERMAN, AS AUTHORIZED REPRESENTATIVE

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