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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

vistas international development group, llc

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

RECEIVED
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DIVISION OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
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9-12-BB

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②

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I

The name of the Limited Liability Company is:

VISTAS INTERNATIONAL DEVELOPMENT GROUP, LLC

ARTICLE II

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

**2840 S.W. THIRD AVENUE
MIAMI, FL 33129**

ARTICLE III

Registered Agent, Registered Office & Registered Agent's Signature:

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

XAVIER HAWLEY

Name

12190 Old Cutler Road

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

Miami, FL 33156-5703

City, State and Zip

Having been named as registered agent and to accept service of process for the above state 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.


Registered Agent's Signature

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FLORIDA
NOTARY PUBLIC
J. H. HAWLEY

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ARTICLE IV

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

YVONNE HAWLEY

Name

12190 Old Cutler Road

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

Miami, FL 33156-5703

City, State and Zip

And

FRANCIS HAWLEY

Name

800 Claghton Island Drive #405

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

Miami, FL 33131

City, State and Zip

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


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 herein are true.)

Francis N. Hawley

Typed or printed name and signer

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