

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : PAUL SALVER, P.A. Account Number : 120020000087

Phone : (954)389-1333

Fax Number 1 (954)389-1397

JIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

AAA Vista Holdings, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Pilipa Maril

COLLEGATOR FILLING

Bullic Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

S,LLC
oal office of the Limited Liability Company is:
Mailing Address:
157545.W.112+1 Lane
Miami, FL 3319(00)
ice, & Registered Agent's Signature:
ice, & Registered Agent's Signature: ered agent are: NOT acceptable) FLORIDA 3333
of process for the above stated limited liability pept the appointment as registered agent and provisions of all statutes relating to the proper h and accept the obligations of my position as ter 608, Florida Statutes

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGN

(Use attachment if necessary)

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.)

ARTICLE IV- Manager(s) or Managing Member(s):

Typed or printed name of signer

\$100.00 Filing Fee for Articles of Organization

5 25.00 Designation of Registered Agent

\$ 39.89 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

Page 2 of 2