

L04000064123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

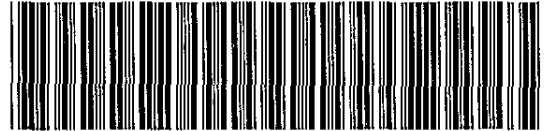
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TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY

EFFECTIVE DATE

8/27/04

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 866536 10463A

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 155.00

ORDER DATE : August 27, 2004

ORDER TIME : 8:56 AM

ORDER NO. : 866536-015

CUSTOMER NO: 10463A

CUSTOMER: Ms. Larissa K. Lincoln  
Cohen Norris Scherer  
Weinberger & Wolmer  
Suite 400  
712 U.S. Highway 1  
North Palm Bch, FL 33408-7146

DOMESTIC FILING

NAME: VISTA VENTURES MANAGMENT, LLC

EFFECTIVE DATE: 8-27-04

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION OF  
VISTA VENTURES MANAGEMENT, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

**ARTICLE I**

The name of this limited liability company is VISTA VENTURES MANAGEMENT, LLC.

**ARTICLE II**

This limited liability company shall become effective AUGUST 27, 2004, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members..

**ARTICLE III**

The mailing address and street address of the principal place of business of this limited liability company is 1560 Latham Road, No. 7, West Palm Beach, FL 33409. This limited liability company may, at its discretion, change the address of its principal place of business.

**ARTICLE IV**

The name and street address of the initial registered agent of this limited liability company is ANDREW M. JACOBSON, 712 U.S. Highway One, Suite 400, North Palm Beach, Florida 33408.

**ARTICLE V**

The management of this limited liability company shall be vested in a member or members (i.e. management committee as described in the Operating Agreement) and is, therefore, a member-managed company. The members are Adler Vista, LLC and McCraney Ventures I, LLC.

**ARTICLE VI**

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 27<sup>th</sup> day of August, 2004.

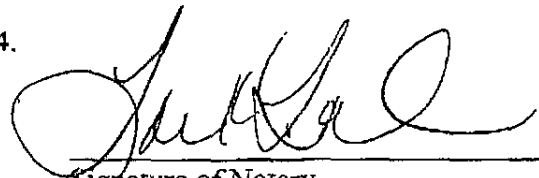
  
\_\_\_\_\_  
ANDREW M. JACOBSON,  
Authorized Representative of a Member

**EFFECTIVE DATE**  
8/27/04  
**FILED**  
04 AUG 30 PM 3:13  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

STATE OF FLORIDA                     )  
  )  
COUNTY OF PALM BEACH            )

The foregoing instrument was acknowledged before me this 27<sup>th</sup> day of August, 2004,  
by ANDREW M. JACOBSON, who is personally known to me or who has produced  
Florida State Driver's License Number N/A as identification and who  
did ( ) or did not (✓) take an oath.

Executed this 27<sup>th</sup> day of August, 2004.

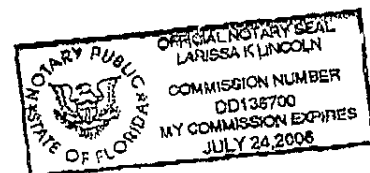


Signature of Notary

Printed Name: LARISSA K. LINCOLN

My Commission Expires:

My Commission Number:



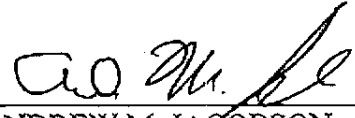
**CERTIFICATE DESIGNATING REGISTERED  
OFFICE FOR THE SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING AGENT  
UPON WHOM PROCESS MAY BE SERVED**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

That **VISTA VENTURES MANAGEMENT, LLC**, a Florida Limited liability company, with its registered office at 1560 Latham Road, No. 7, West Palm Beach, FL 33409, has named **ANDREW M. JACOBSON**, at 712 U.S. Highway One, Ste 400, North Palm Beach, FL 33408 as its initial registered agent to accept service of process within this State.

**ACKNOWLEDGMENT:**

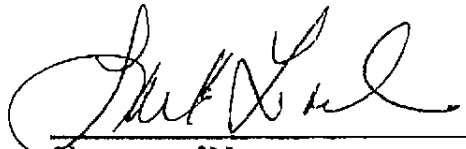
Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

By:   
**ANDREW M. JACOBSON,**  
Registered Agent

STATE OF FLORIDA                     )  
   )  
COUNTY OF PALM BEACH            )

The foregoing instrument was acknowledged before me this 27<sup>th</sup> day of August, 2004, by **ANDREW M. JACOBSON**, who is personally known to me or who has produced Florida State Driver's License Number MA as identification and who did ( ) or did not (X) take an oath.

Executed this 27<sup>th</sup> day of August, 2004.

  
Signature of Notary  
Printed Name: **LARISSA K. LINCOLN**  
My Commission Expires:  
My Commission Number:

