



OCT-01-11:2004 10:13AM

GRAHAM, BUILDER, JONES, ETAL

407 NO. 931 P. 1/3

**L04000071491**

**Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

**Account Name : GRAHAM, CLARK, JONES, BUILDER, PRATT & MARKS  
Account Number : I19990000278  
Phone : (407) 647-4455  
Fax Number : (407) 740-7063**

**LIMITED LIABILITY COMPANY**

**Evista Holdings Three, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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**SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

EVISTA HOLDINGS THREE, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**6588 KYRKHAM COURTSANFORD, FL 32771**Mailing Address:**7013 MEANDERING STREAM WAYFULTON, MD 20759-2303**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

JESSE E. GRAHAM,

Name

369 NORTH NEW YORK AVENUE, SUITE 300Florida street address (P.O. Box NOT acceptable)WINTER PARKFLORIDA 32790-1690

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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

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

The name and address of each Manager or Managing Member is as follows:

**Title:****"MGR" = Manager****"MGRM" = Managing Member****Name and Address:****MGR****JOPPA ROAD EAST, LLC****7013 MEANDERING STREAM WAY****FULTON, MD 20759-2303**

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.****REQUIRED SIGNATURE:**  
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.)

**DOUGLAS F. ESHELMAN**

Typed or printed name of signee

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TALLAHASSEE, FLORIDA**Filing Fees:****\$100.00 Filing Fee for Articles of Organization****\$ 25.00 Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**

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