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(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Sun Vista Properties LLC

Signature \_\_\_\_\_

Requested By \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- \_\_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- ☒ \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- ☒ \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- ☒ \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

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**ARTICLES OF ORGANIZATION OF**  
**SUN VISTA PROPERTIES, LLC**

**THE UNDERSIGNED**, pursuant to Florida Statute 608.407 for the purpose of becoming a limited liability company under the laws of the State of Florida, say:

**ARTICLE I**  
**NAME**

The name of the limited liability company is **SUN VISTA PROPERTIES, LLC** (the limited liability company).

**ARTICLE II**  
**PRINCIPAL OFFICE**

The principal office of the Limited liability company is 1301 Seminole Blvd., Suite 168, Largo, Florida 33779 and its mailing address is POB 801, Largo, Florida 33779.

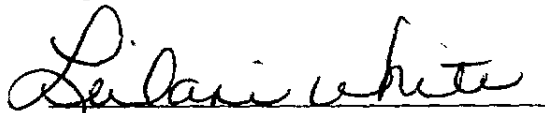
**ARTICLE III**  
**REGISTERED AGENT**

The address of the initial Registered Office of the Limited liability company is 417 East Virginia Street, Suite 1, Tallahassee, FL 32301. The initial Registered Agent at this address will be Capital Connection, Inc.

**ACCEPTANCE OF REGISTERED AGENT**

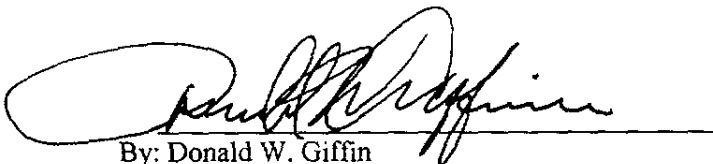
Having been named as Registered Agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Capital Connection, Inc

  
By:

Dated: December 27, 2004

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization this 21<sup>st</sup> day of December, 2004 in Seminole, Pinellas County, Florida, for the use and purpose aforesaid.

  
By: Donald W. Giffin

Authorized Representative of Steve Silverson, Member

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