L05000019329

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200047009752

02/25/05--01032--005 **155.00

2005 FEB 25 PH 2: 41

LATICH
LATICH

T1925 FM2:11

4 SAWAN FEB 2 5 2005

CORPDIRECT AGE 103 N. MERIDIAN S TALLAHASSEE, FL 222-1173	TREET, LOWI			
FILING COVER S ACCT. #FCA-14	SHEET			
CONTACT:	MEGAN HO	DDGE		
DATE:	2/25/2005			
REF. #:	0174.35253			
CORP. NAME:	LAKE VIST	A ASSOCIATES, LLC		
() ARTICLES OF INCO	RPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF I	DISSOLUTION
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME	
() FOREIGN QUALIFICATION		() LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY	
() REINSTATEMENT		() MERGER	() WITHDRAWAL	
() CERTIFICATE OF C	ANCELLATION			20
() OTHER:				2005 FEB 25 PN 2
STATE FEES PR	EPAID WIT	гн снеск# <u>511520</u> го	R \$ <u>155.00</u>	PN 2: 41
AUTHORIZATIO	ON FOR AC	COUNT IF TO BE DEBITE	D:	NOA'S
		COST LIN	MIT: \$	
PLEASE RETUR	N:			
CERTIFUED CO	PY	() CERTIFICATE OF GOOD STANI	OING () PLAIN S	STAMPED COPY
() CERTIFICATE OF	STATUS			

Examiner's Initials

ARTICLES OF ORGANIZATION

LAKE VISTA ASSOCIATES, LLC, a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

LAKE VISTA ASSOCIATES, LLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

5252 South Tamiami Trail Sarasota, Florida 34231

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

5252 South Tamiami Trail Sarasota, Florida 34231

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the day of February, 2005.

WITNESSES:

Print Name 610x ia Na. Parker

Print Name Juanne Lukens

"MANAGER"

2005 FEB 25 PH 2: 42

<u>CERTIFICATE OF DESIGNATION OF</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

Lake Vista Associates, LLC

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

5252 South Tamiami Trail Sarasota, Florida 34231

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 2-24-05

Edward L. Kalin

"REGISTERED AGENT"

2005 FEB 25 PH 2: 42