

06/20/2005 12:54 FAX

WNC&W

001/004

Division of Corporations

Page 1 of 1

L05000061265

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H05000150356 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : WEISSMAN, NOWACK, CURRY & WILCO, P.C.  
Account Number : I20050000088  
Phone : (404) 926-4500  
Fax Number : (404) 926-4600 (please fax to 404-926-4843)

RECEIVED  
05 JUN 20 AM 5:34  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**PALM HARBOR VISTA, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

FILED  
05 JUN 20 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

06/20/2005 12:55 FAX

WNC&W

002/004

WNC&W

8/17/2005 3:35 PAGE 1/3 RightFax

(H05000150356 3)

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: PALM HARBOR VISTA, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDA B. CURRY, ESQ.  
(Name of Person)

WEISSMAN, NOWACK, CURRY & WILCO, P.C.  
(Firm/Company)

ONE ALLIANCE CENTER, 3500 LENOX ROAD, 4TH FL  
(Address)

ATLANTA, GA 30328  
(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA B. CURRY at ( 404 ) 928-4516  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

(H05000150356 3)

**FILED**  
05 JUN 20 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WNC&amp;W

6/17/2005 3:35 PAGE 2/3 RightFax

(H05000150356 3)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

PALM HARBOR VISTA, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**1380 PEACHTREE STREET, SUITE 1000  
ATLANTA, GA 30309**Mailing Address:**1380 PEACHTREE STREET, SUITE 1000  
ATLANTA, GA 30309**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CT CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROADFlorida street address (P.O. Box **NOT** acceptable)PLANTATION 33324

FL

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, F.S.*

  
Registered Agent's SignatureJennifer F. Aultman  
Special Assistant SecretarySECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JUN 20 AM 10:39

FILED

(CONTINUED)

(H05000150356 3)

(H05000150356 3)

**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 \_\_\_\_\_

 PALM HARBOR DEVELOPMENT, LLC  
 1360 PEACHTREE STREET, SUITE 1000  
 ATLANTA, GA 30309

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(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.)

LINDA B. CURRY, ESQ.

Typed or printed name of signer

**Filing Fees:**
 \$125.00 Filing Fee for Articles of Organization and Designation  
 of Registered Agent  
 \$ 30.00 Certified Copy (Optional)  
 \$ 5.00 Certificate of Status (Optional)

(H05000150356 3)

 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

05 JUN 20 AM 10:39

FILED