

10/20/2005 14:47 050222 015

CT CORP

PAGE 01/03

Division of Corporations

Page 1 of 1

W05000103824

Florida Department of State
Division of Corporations
Public Access System

(2)

Electronic Filing Cover Sheet

10/20

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.

((H05000248792 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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

M. HODGES

05 OCT 20 PM 4: 03

DIVISION OF CORPORATIONS

W05-103824

LIMITED LIABILITY COMPANY

Seacoast Vistas, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

05 OCT 20 PM 3: 17

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

10/20/2005 14:47 8502227515

10/20/2005 14:32 9544760158

CT CORP
CT CORPORATION

PAGE 02/03
PAGE 03/04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Seacoast Vistas, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

9900 Carver Road, Suite 102
Cincinnati, Ohio 45242

Mailing Address:

9900 Carver Road, Suite 102
Cincinnati, Ohio 45242

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CT Corporation

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL 33324

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.

Barbara A. Dunke

Registered Agent's Signature (REQUIRED)

BARBARA A. DUNKE
SPECIAL ASSISTANT SECRETARY

(CONTINUED)

Page 1 of 2

FILED
05 OCT 20 PM 3:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/20/2005 14:47 8502227615

10/20/2005 14:32 9544750158

CT CORP
CT CORPORATION

PAGE 03/03
PAGE 04/04

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:

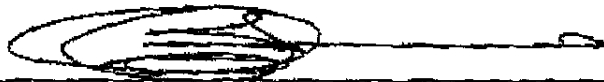
Andrew J. Green
9900 Carver Road, Suite 102
Cincinnati, Ohio 45242

MGRM

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Anthony M. Barlow, 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)