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Florida Department of State
Division of Corporations
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To: -
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : GREENBERG TRAUIG (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561) 650-7900
Fax Number : (561) 655-6222

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Vista Professional Center V, LLC

Certificate of Status	0
Certified Copy	1
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H05000284885 3

**ARTICLES OF ORGANIZATION
OF
VISTA PROFESSIONAL CENTER V, LLC**

ARTICLE I – Name

The name of the Limited Liability Company is: Vista Professional Center V, LLC

ARTICLE II – Address

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


5610 PGA Boulevard, Suite 114
Palm Beach Gardens, FL 33418

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

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

Carl M. Sabatello
5610 PGA Boulevard, Suite 114
Palm Beach Gardens, Florida 33418

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 in Chapter 608, Florida Statutes.



Carl M. Sabatello

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H05000284885 3

H05000284885 3



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.)

Carl M. Sabatello

Typed or printed name of signee

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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