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# **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	ECT: VISTA	ONE, LLC		···
		(Name of Limited	d Liability Company)	
The en	closed Articles of	Organization and fee(s) are su	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
	RICHARD	D. KIMMEL		
		0	Name of Person)	
	VISTA ONE	E, LLC		
		(	Firm/Company)	, , , , , , , , , , , , , , , , , , , ,
	9980 CEN	TRAL PARK BLVD	), SUITE 316	
			(Address)	
	BOCA RA	TON, FL 33428		
		(City)	/State and Zip Code)	200 SE
For fur	ther information	concerning this matter, please	call:	Z001 APR 1 SECRETAR NLLAHASS
SUZ	ANNE FINLE	EY-FOX	at (561 ) 716-729	mi⊸c co *
<del>4 </del>	(Name	of Person)	(Area Code & Daytime	Telephone Number)
Enclos	sed is a check fo	or the following amount:		12: 5b TATE ORIDA
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
the hand of the Emilion Emonity Company is.			
VISTA ONE, LLC			
Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "I	LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited	d Liability Cor	mpany is:
Principal Office Address:	Mailing Address:		
21203 SHADY VISTA LANE	21203 SHADY VISTA LANE		
BOCA RATON, FL 33428	BOCA RATON, FL 33428		<u>.</u>
			-
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)  The name and the Florida street address of the r  RICHARD D. KIMMEL  Name	tered Agent. You must designate an i		
OOOO OENTDAL DADK DI	VD CLUTE 246	STA:	O
9980 CENTRAL PARK BL' Florida street add	iress (P.O. Box <u>NOT</u> acceptable)	5 J	
BOCA RATON, FL 33428	E.	, -	
City, State,	and Zip		
Having been named as registered agent and to liability company at the place designated in tregistered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regional Registered Agent's Signal	this certificate, I hereby acce y. I further agree to comply erformance of my duties, and stered agent as provided for	pt the appointn with the provis I am familiar	nent as ions of all with and

(CONTINUED)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	SUZANNE FINLEY-FOX	
	21200 SHADY VISTA LANE	
	BOCA RATON, FL 33428	
MGR	RICHARD D. KIMMEL	
· · · · · · · · · · · · · · · · · · ·	21203 SHADY VISTA LANE	
	BOCA RATON, FL 33428	
	ECRE ARY OF ST	
(Use attachment if necessary)	he date of filing: MAY 1ST, 2007 . (OPT	

# **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.)

SUZANNE FINLEY-FOX

Typed or printed name of signee

### 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)