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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Property Vistas, LLC	
	(Name of Limited Liability Company)	
The er	aclosed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Daniel Morris	
	(Name of Person)	<del></del>
	Property Vistas, LLC	
	(Firm/Company)	
	8473 Bay Colony Drive, #502	01
	(Address)	SEP SEP
	Naples, FL 34108	麗 7
•	(City/State and Zip Code)	一篇 3
For fu	ther information concerning this matter, please call:	OT SEP 12 AM 10: 4-1
Dan	iel Morris <u>at (</u> 239 513-1359	
	(Name of Person) (Area Code & Daytime Telephone Num	iber)
Enclo	sed is a check for the following amount:	
<b>✓</b> \$125	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	Filing Fee, ate of Status & Copy al copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Property Vistas, LLC		
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	<del>*************************************</del>
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Lial	bility Company is:
Principal Office Address:	Mailing Address:	
8473 Bay Colony Dr. #502 Naples, FL 34108	same	<del></del>
Trapies, L. O-Tio		
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the serve as its own Rebusiness entity with an active Florida registration.)	egistered Agent. You must designate an individu	Signature: O7 SEP 12 AH 10: 42  Signature: FLORID: FLO
Daniel Morris	me	F. ST
8473 Bay Colony	Drive, #502	PATE 12
	address (P.O. Box NOT acceptable)	•
Naples, FL 34108	FL	
City, Sta	te, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept the acity. I further agree to comply with the performance of my duties, and I am jegistered agent as provided for in Cha	appointment as he provisions of all familiar with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM **Daniel Morris** 8473 Bay Colony Dr. #502 Naples, FL 34108 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: October 1, 2007 (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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

DANIEL MORRIS

Typed or printed name of signee