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(Requestor's Name)	_					
(Address)	_					
(Address)	_					
(City/State/Zip/Phone #)	_					
PICK-UP WAIT MAIL						
. (Business Entity Name)	_					
(Document Number)						
Certified Copies Certificates of Status						
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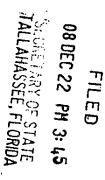


FFEEGHVE DATE 12/31/08

B. KOHR

DEC 2 3 2008

EXAMINER



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12-22-08

NAME:

VISTA PROPERTIES MANAGEMENT, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

\$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION:

EFFEGIVE DATE___

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

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The name of the Limited Liability Company is:

Vista Properties Management, LLC

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

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Co

Principal Office Address:

Mailing Address:

2950 North 28th Terrace

Hollywood, FL 33020

2950 North 28th Terrace

Hollywood, FL 33020

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:

National Corporate Research, Ltd.

Name

515 East Park Avenue

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

Tallahassee, FL 3230‡_L
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..

National Corporate Research, Ltd.

Registered Agent's Signature (REQUIRED)

by: Amy Brown, Asst. Secretary

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member				
MGR	Gene Gomberg			
	1813 Griffin Road, Suite 404			
	Dania Beach, FL 33004			
MGR	Richard Strunin			
	1813 Griffin Road, Suite 404			
	Dania Beach, FL 33004			
MGR	Tomas Roses			
	2950 North 28th Terrace			
	Hollywood, FL 33020			

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/31/2008 at 4:01pm. (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.)

Tomas Roses

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)