

L111111141452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

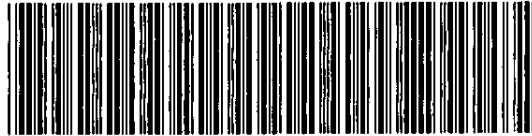
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only
B. KOHR

DEC 16 2011

EXAMINER



800215195358

12/19/11--01001--009 **155.00

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11 DEC 16 PM 3:05

RECEIVED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 16 PM 4:08

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 DEC 16 PM 4:03

CONTACT: Kim Weidenbach

DATE: 12/16/11

REF. #: 000174.158955

CORP. NAME: VISTA HERMOSA 112A, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 542635 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

VISTA HERMOSA 112A, LLC,
a Florida limited liability company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 16 PM 4:03

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

VISTA HERMOSA 112A, LLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

7102 Point of Rocks Circle
Sarasota, Florida 34242

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Valerie Pober
7102 Point of Rocks Circle
Sarasota, Florida 34242

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the
16th day of December, 2011.

WITNESSES:

Print Name _____

Maria A. Leon
Print Name MARIA A. LEON

Valerie Pober
Valerie Pober

“MANAGER”

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

VISTA HERMOSA 112A, LLC

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

Valerie Pober
7102 Point of Rocks Circle
Sarasota, Florida 34242

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: _____

12-11-11



Valerie Pober

“REGISTERED AGENT”