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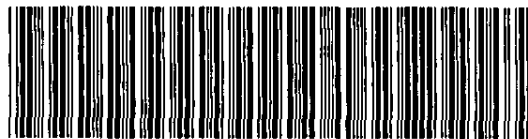
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DEC 16 2011

**EXAMINER**



700215195367

12/19/11--01001--010 \*\*155.00

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

11 DEC 16 PM 3:06

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 16 PM 3:08

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

**FILING COVER SHEET**  
**ACCT. #FCA-14**

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

**CONTACT:** Kim Weidenbach

**DATE:** 12/16/11

**REF. #:** 000174.158955

**CORP. NAME:** VISTA HERMOSA 113, 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#** 542636 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |                                                    |                                                       |                                             |
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| <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 113, LLC,  
a Florida limited liability company

## ARTICLE I NAME

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

VISTA HERMOSA 113, 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.

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

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

WITNESSES:

Print Name \_\_\_\_\_

Maria A. Leve  
Print Name MARIA A. Leve

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 113, LLC

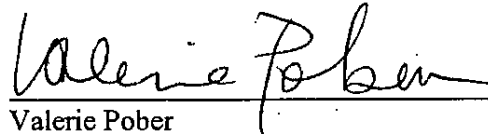
2. The name and the Florida street address of the registered agent are:

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"