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MILEMASSEE FLORIDA

K.SALY EXAMINER APR 13 2012

# **COVER LETTER**

Division of Corporations	
<sub>SUBJECT:</sub> Alta Vista Media, LLC	
• • • • • • • • • • • • • • • • • • • •	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Joseph Berrojo	
	Name of Person
	Firm/Company
40000 Dissess Divid Out	
10800 Biscayne Blvd., Suit	<u>Address</u>
	Address
Miami, FL 33161	
	y/State and Zip Code
joseph@altavistamedia.com E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	
Ronald Karasz	305 801 2020
Name of Person	at ( 305 ) 891-2929 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	12T	ICL	$\mathbf{F}$	Ι_	Na	m	۵.
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The name of the Limited Liability Company is:



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(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 Company is:

Principal Office Address:	Mailing Address:			
10800 Biscayne Blvd.	10800 Biscayne Blvd.			
Suite 850	Suite 850			
Miami, FL 33161	Miami, FL 33161			

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:

Ronald I	Name	E'c	12	
10800	Biscayne Blvd., Suite 850		PX -	T
	Florida street address (P.O. Box NOT acceptable)	SSI	~	
Miami	<sub>FL</sub> 33161	뜻의	PM	C
	City, State, and Zip	015 115		
		<b>型型</b>	بت	

Having been named as registered agent and to accept service of process for the above stated inited 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..

gistered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

<u>18411</u>	e and Ad	141635		
Josej	h Berrojo			
	3 Avocet D FL 33558			
Rona	ld Karasz			
		enue Road		
<u>Mian</u>	i Shores, F	FL 33138		
		<u>-</u>	<u></u>	
<del></del>				<del></del>
				(OPTIO) ve business c

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

## Ronald Karasz

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)