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C. LEWIS

JAN 1 5 2013

EXAMINER

(850) 243-6051.

J. COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: VISTA TRANSFER SERVICES, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lucile R Elmer
15TA TRANSOR SERVICES, LLE Firm/Company
Firm/Company
3446 SOHO ST. # 302
Address
ORLANDO FL. 32835 City/State and Zip Code
VISTATRANSFERS @ 9mail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lucille Elmer at (407) 730-1381 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

VISTA TRANSFER (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3446 SOHOST, #302 ORLANDO, FL 32835	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Lucille Z Name	Elmer
Name	PH CONTROL
	ress (P.O. Box NOT acceptable)
ORUANDO City, Stat	FL ろみりらう e, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

MGR" = Manager MGRM" = Managing Member MGRM" = Managing Member MGRM	/ //////	Manager or Managing Member is as follows: SECRETAR Name and Address:	T*UF! 10RP0
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