

L14000111370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

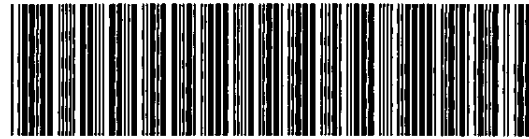
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/24/14--01025--003 \*\*155.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUL 15 PM 1:48

JUL 15 2014  
J. HARRIS

**WILLIAM E. RAIKES, III**  
**Attorney at Law**

(772) 595-6654  
Fax (772) 465-0593  
Courthouse Box

604 Boston Avenue  
Fort Pierce, Florida 34950

June 19, 2014

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

**RE: East Prima Vista, LLC**

Dear Sir or Madam:

Enclosed please find original and one copy of the Articles of Organization For Florida Limited Liability Company for the above-referenced corporation. Also enclosed is our check for the following:

Filing fee	\$100.00
Registered Agent fee	25.00
Certified Copy of Articles	<u>30.00</u>

**Amount of check                      \$155.00**

Thank you for your prompt attention to this matter. If you have any questions, please feel free to contact me.

Very truly yours,



William E. Raikes, III

WER/tkk  
enclosure



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2014

WILLIAM E RAIKES, III  
604 BOSTON AVE  
FORT PIERCE, FL 34950

SUBJECT: EAST PRIMA VISTA, LLC  
Ref. Number: W14000039907

We have received your document for EAST PRIMA VISTA, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 714A00013945

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DIVISION OF CORPORATIONS  
14 JUL 15 PM 1:48

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

East Prima Vista, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is :

**Principal Office Address:**

2816 22<sup>nd</sup> Street

Vero Beach, Florida 32960

**Mailing Address:**

2816 22<sup>nd</sup> Street

Vero Beach, Florida 32960

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Minerva L. Cardriche

Name

2816 22<sup>nd</sup> Street

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

Vero Beach, Florida 32960

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 property 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 605, Florida Statutes.*

Minerva L. Cardriche

Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Minerva L. Cardriche

2816 22<sup>nd</sup> Street

Vero Beach, Florida 32960

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is required.**

**REQUIRED SIGNATURE:**

Minerva L. Cardriche  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that all facts stated herein are true. I am aware that any false information submitted I a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Minerva L. Cardriche  
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)

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DIVISION OF CORPORATE FILINGS  
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FOR  
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Minerva L. Cardriche  
Name

2816 22<sup>nd</sup> Street  
Florida street address (P.O. Box NOT acceptable)

Vero Beach, Florida 32960  
City, State, and Zip

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Minerva L. Cardriche  
Registered Agent's Signature

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**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Minerva L. Cardriche  
2816 22<sup>nd</sup> Street  
Vero Beach, Florida 32960

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(Use attachment if necessary)

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Signature of a member or an authorized representative of a member.

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