# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((HI40001868123)))

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From:

Account Name : GEOFFREY M. WAYNE, P.A. Account Number : 076770003401
Phone : (305)381-8108
Fax Number : (305)381-8109

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### FLORIDA LIMITED LIABILITY CO. Vista Al Mar Holdings LLC

Certificate of Status	0
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B. BOSTICK

AUG - 8 2014

EXAMINED

9/7/2014 2:22 DM

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Vista Al Ma	ar Holdings LLC	
ARTICLE II- Address: The mailing address and street address of the principal North Bayshore Drive, Apt. #2216, Miami, Florida 33132	office of the Limited Liability Company is: 1900	
ARTICLE III - Registered Agent, Registered Office, & R	egistered Agent's Signature:	
The name and the Florida street address of the registered	agent are:	
Geoffrey M. Way 135 San Lorenz PH 840 Miami, Florida 33	146-1513 FLOREST 28	
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 605, F.S.		
Seaffren M. Wa Registered Agent's	Signature	
ARTICLE IV - Management		
The name and address of each person authorized to mana <u>Title:</u> AMBR	ge and control the Limited Liability Company:  Name and Address:  Jean Paul Crescenzo  1900 North Bayshore Drive, Apt. #2216  Miami, Florida 33132	
AMBR	Daniele Ferrara 1900 North Bayshore Drive, Apt. #2216 Miami, Florida 33132	
AMBR	Lara Ferrara 1900 North Bayshore Drive, Apt. #2216 Miami, Florida 33132	
AMBR	Gianni Ferrara 1900 North Bayshore Drive, Apt. #2216 Miami, Florida 33132	
ARTICLE V – Effective date, if other than the date of filing:		
ARTICLE IV - Other Provisions, if any.		

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

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(In accordance with section 605.0203 (1) (b), 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.)

Geoffrey M. Wayne
Typed or printed name of signee

#### **FILING FEES:**

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)

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