

Charter Number Only

10/19/95

L95000000793

Arthur Morgerber

Requester's Name

5757 Collins Ave.

Address

Miami Beach FL 33140

City

State

Zip

Phone

868-6100

ATION ONLY

300001618113  
-10/24/95--01023--002  
\*\*\*\*285.00 \*\*\*\*285.00

CORPORATION(S) NAME

VIASPA, L.C.

95 OCT 20 AM 11:36  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



Toll Free: 1-800-432-3028

☐ Profit

☐ NonProfit

☐ Foreign

☒ Limited Partnership

☐ Reinstatement

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Amendment

☐ Dissolution

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Call If Problem

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ Change of Registered Agent

☐ Certificate Under Seal

☐ After 4:30

☐ Mail Out

MGRM

L.C.

10/20/95  
MS

Name
Availability
Document
Examiner
Updater
Verifier
Adgment

CR2E031 (R8-85)

**ARTICLE I ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

FILED  
95 OCT 20 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**  
The name of the Limited Liability Company is:

VIASPA, L.C.

**ARTICLE II - Address:**  
The mailing address and street address of the principal office of the Limited Liability Company is:

5757 Collins Ave. Suite 1607  
Miami Beach Fla 33140

**ARTICLE III - Duration:**  
The period of duration for the Limited Liability Company shall be:

Perpetuity

**ARTICLE IV - Management:**  
(check and complete the appropriate statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

MARC H. SIEGEL  
5757 COLLINS AVENUE STE. 1607  
MIAMI BEACH, FL 33140

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Eleanor Siegel  
ELEANOR SIEGEL

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of \_\_\_\_\_  
VIA SPA, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1,000 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is  
\$ NONE . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is  
\$ 1,000 . This total includes amounts from 2 and 3 above.

Eleanor Siegel  
Signature of a member or authorized representative of a member. (ELEANOR SIEGEL)  
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit  
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

VIASPA, L.C.

2. The name and address of the registered agent and office is:

MARC H. SIEGEL

(Name)

5757 COLLINS AVENUE STE. 1607

(P.O. Box not acceptable)

MIAMI BEACH FL. 33140

(City/State/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.*

MCS  
MARC H. SIEGEL  
(Signature)

OCTOBER 12, 1995

(Date)

**FILING FEE: \$ 35 for Designation of Registered Agent**

FILED  
95 OCT 20 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILE NOW: Fee after May 1, will be \$263.75**

APPROVED  
AND  
FILED

96 MAY -1 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE**  
**\$ 238.75** Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company **DOCUMENT #L95000000793**

**VIASPA, L.C.**  
**5757 COLLINS AVENUE STE 1607**  
**MIAMI BEACH FL 33140**

1a. Principal Place of Business Address

**5757 COLLINS AVENUE STE 1607**  
**MIAMI BEACH FL 33140**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suits, Apt. #, etc.		Suits, Apt. #, etc.		10/20/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		5. Date of Last Report	6. Certificate of Status Desired
					<input type="checkbox"/>

7. Name and Address of Current Registered Agent

**SIEGEL, MARC H**  
**5757 COLLINS AVENUE STE 1607**  
**MIAMI BEACH FL 33140**

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suits, Apt. #, etc.

City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

*Marc H Siegel*

DATE

*4/24/96*

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SIEGEL, MARC H	5757 COLLINS AVENUE STE 16	MIAMI BEACH FL
			900001813189 -05/08/96--01051--004 ****238.75 ****238.75

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

*Marc H Siegel* *4/24/96* *262-6600*

Full

Daytime Phone