# 19700000172

## TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

80000207041U~~7 -01/28/97--01100--002 \*\*\*\*285.00 \*\*\*\*285.00

L.C

SUBJECT:

HUDSON VISTA, 4NC. Hmited company

(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit \$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an 'additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52,50. Please send one check for the total amount made payable to the Florida Department of State.

Promite (Printed or typed)

1765 East Riviera Drive
Address

Merritt Island, FL 32952-5662
City, State & Zip

Deytime Telephone number

Name (Printed or typed)

ALARE EST TO SECRETARY OF STATE

(407) 449-0882

Deytime Telephone number

NON - 2303

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#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 30, 1997

DONALD L PEVSNER, ESQ 1765 EAST RIVIERA DRIVE MERRITT ISLAND, FL 32952-5661

SUBJECT: HUDSON VISTA, INC. LIMITED COMPANY

Ref. Number: W97000002303

We have received your document for HUDSON VISTA, INC. LIMITED COMPANY and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", or their abbreviation "L.C." "L.L.C." is not an acceptable suffix in the state of Florida. Please note the periods as punctuation must be included in the suffix.

Please remove "INC." from the business name.

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 (904) 487-6932.

Kimberly Rolfe Document Specialist

Letter Number: 897A00004839

"INC." HAS BEEN DELETED: PLEASE RE-FILE AT ONCE.
THANK YOU.

Donald L. Pevsner, Esq.

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

HUDSON VISTA, L.C.

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ARTICLE II - Address:

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

1765 East Riviera Drive Merritt Island, FL 32952-5662

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

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:

- 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:
  - (1)Donald L. Pevsner 1765 East Riviera Drive Merritt Island, FL 32952-5662
  - (2) Kent St. John 10443 North Scottsdale Road, Suite C Scottsdale, AZ 85253

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

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

LEAVE BLANK

### 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:

The business may continue upon an event which terminates the continued membership of a member in the limited liability company. Said member's interest shall pass by devise to his/her heirs, and the surviving member(s) shall have the right of first refusal to purchase said interest at fair market value from the heir(s) of the terminated member, should said heir(s) desire to sell said interest following such termination.

NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filling with the Department of State.

### AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of		
HUDSON VISTA, L.C. deposes and	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	$s_{1,000.00}$ .	
3) if any, the agreed value of property other than cash contributed by member(s). A description of the property is attached and made a part hereto.	is \$_N/A	
4) the amount of cash or property anticipated to be contributed by member(s) is	\$ <u>10.000.00</u> .	
5) the total amounts of 2, 3 and 4 is	\$ 11,000-00	

Signature of a member or authorized representative of a member.

(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.)

97 FEB 10 AN 9: 30
SECRETARY OF STATE
TAIL AHASSEE, FLORID

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.41 S 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 HUDSON VIS	TA, L.C.
2	The name and address of the registered agent and office is.	97 17AT
	Donald L. Pevsner	7 FEB
	(NAME)	B 10 /
	1765 East Riviera Drive	FS & D
	(P O. Box NOT ACCEPTABLE)	9: 36 ORIDA
	Merritt Island, FL 32952-5662	<b>-</b> 6
	(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.

(SIGNATURE)

(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent