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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

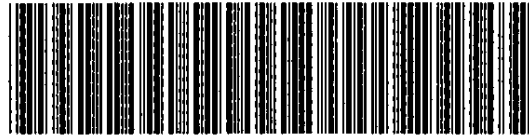
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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12/18/13--01027--014 \*\*155.00

J. Stivers DEC 27 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vista Sunset, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Frank Silva

Name of Person

Vista Sunset, LLC

Firm/Company

3470 NW 82nd Avenue, Suite 988

Address

Doral, FL 33122

City/State and Zip Code

fsilvalaw@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Silva

Name of Person

786 382-9627

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Vista Sunset, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware 3. 46-4291790  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 9, 2013 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 3470 NW 82nd Avenue, Suite 988  
Doral, Florida 33122  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:  
Frank Silva - 3470 NW 82nd Avenue, Suite 988, Doral, FL 33122.

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Any lawful business allowable under applicable law

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

(In accordance with section 608.408(3), F.S., 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.)

Frank Silva

\_\_\_\_\_  
Typed or printed name of signee

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**Vista Sunset, LLC**

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If unavailable, the alternate to be used in the state of Florida is:

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

**Frank Silva, Esq.**

(Name)

**3470 NW 82nd Ave., Suite 988**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Doral FL 33122**

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 as provided for in Chapter 608, Florida Statutes.*

\_\_\_\_\_  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# COVER



# SHEET



\* 8 9 4 9 8 7 \*

INCORPORATING SECTION  
P.O. BOX 898  
FRANCHISE TAX SECTION  
P.O. BOX 7040  
UNIFORM COMMERCIAL CODE  
P.O. BOX 793  
DOVER, DELAWARE 19903

STATE OF DELAWARE  
DEPARTMENT OF STATE  
Jeffrey W. Bullock, Secretary  
DIVISION OF CORPORATIONS  
JOHN G. TOWNSEND BUILDING  
DUKE OF YORK STREET  
DOVER, DELAWARE 19901

INCORPORATING SECTION  
GENERAL INFORMATION  
302/739 - 3073  
NAME RESERVATION  
302/739 - 6900  
900/420 - 8042  
FRANCHISE TAX SECTION  
302/739 - 4225  
UNIFORM COMMERCIAL CODE  
302/739 - 4279

\*\*\*\*\*

SRV#: 131394434      Agent: 9030670      File#: 5445097      Package#: 000894987  
Priority: 6      Mail Code E      Date: 12/10/13

User: SDOCDMB

Comments:

Attn:

Agent: AGENTS AND CORPORATIONS, INC.  
1201 ORANGE ST STE 600  
ONE COMMERCE CENTER  
WILMINGTON

DE 19801

Items Included:	Item Type	Copies
	=====	=====
	Invoice	001
	Certificate	001
	Image	001

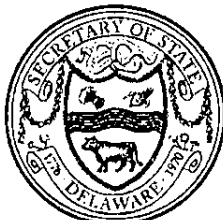
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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "VISTA SUNSET LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF DECEMBER, A.D. 2013, AT 12:14 O'CLOCK P.M.



5445097 8100

131394434

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0967079

DATE: 12-10-13


State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 12:19 PM 12/09/2013  
FILED 12:14 PM 12/09/2013  
SRV 131394434 ~ 5445097 FILE

CERTIFICATE OF FORMATION  
OF  
Vista Sunset LLC

The undersigned, being an authorized person for purposes of executing this Certificate of Formation on behalf of Vista Sunset LLC, a Delaware Limited Liability Company (the "L.L.C."), desiring to comply with the requirements of 6 Del.C. Section 18-201 and the other provisions of the Delaware Limited Liability Company Act, 6 Del.C. Section 18-101, et seq. (the "Act"), hereby certifies as follows:

1. Name of the L.L.C. - The name of the L.L.C. is: Vista Sunset LLC.
2. Registered Office and Registered Agent of the L.L.C. - The name of the registered agent for service of process on the L.L.C. in the State of Delaware is Agents and Corporations, Inc. The address of the registered agent of the L.L.C. and the address of the registered office of the L.L.C. in the State of Delaware is 1201 Orange Street, Suite 600, Wilmington, DE 19801.
3. Date of Formation and Effective Date - The date of formation and the effective date of the L.L.C. shall be the date of filing of this Certificate of Formation with the Secretary of State of the State of Delaware.

IN WITNESS WHEREOF, the undersigned hereby executes this Certificate of Formation in accordance with the provisions of 6 Del.C. Section 18-201 on December 9, 2013.



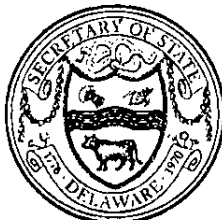
David N. Williams  
(Authorized Person)

# Delaware

PAGE 1

*The First State*

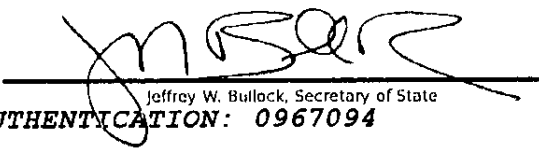
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VISTA SUNSET LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF DECEMBER, A.D. 2013.



5445097 8300

131394434

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0967094

DATE: 12-10-13