

February 28, 2000

L000000002493

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

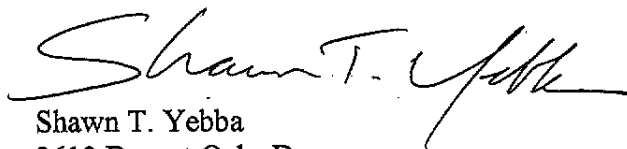
Subject: **One Vision, L.L.C.**

Enclosed you will find the Articles of Organization and Certificate of Designation of Registered Agent for One Vision, L.L.C. and one (1) copy of each.

Please date-stamp the copies of the paperwork and return them in the self-addressed stamped envelope.

Thank you for your help.

Sincerely,



Shawn T. Yebba  
2612 Durant Oaks Dr.  
Valrico, FL 33594  
813-262-1778

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: One Vision, L.L.C.

## ARTICLE II - Address:

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

1908 Chablis Ct.  
Valrico, Florida 33594

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

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

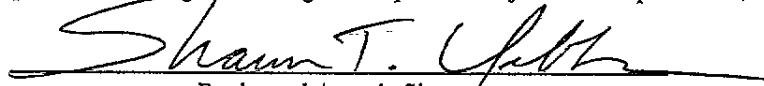
Shawn T. Yebba

2612 Durant Oaks Dr.

Florida street address (P.O. Box **NOT** acceptable)  
Valrico FL 33594

City, State, and Zip

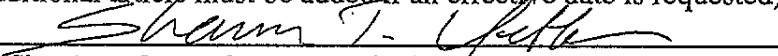
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the 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, F.S..*

  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Shawn T. Yebba

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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TALLAHASSEE, FLORIDA

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**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: One Vision, L.L.C.

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

Shawn T. Yebba

NAME

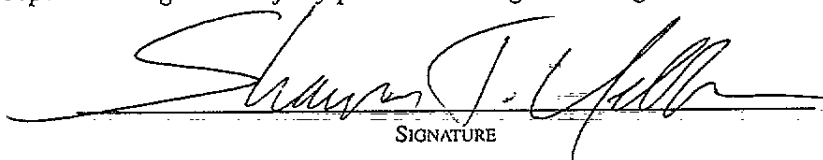
2612 Durant Oaks Dr.

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Valrico FL 33594

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
SIGNATURE

**Filing Fee: \$25 for Designation of Registered Agent**

FILED  
00 MAR - 1 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA