

Mike F.

ACCOUNT NUMBER: **L010000014815**

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2029784-1
(Sub Account)

DATE: 8-29

REQUESTOR NAME: Lexis Document Services

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 AUG 29 PM 2:00
PLEASE PRINT
NAME AND ADDRESS
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

() () ext ()

CONTACT NAME:

CORPORATION NAME: Home Vision LLC

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

C. Woodyard
Cynthia J. Woodyard
\$1250

SECRETARY OF STATE
TAL LABASSIERE
FLORIDA

01 AUG 29 AM 8:15

APPROVE
AND
FILED

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

600004562466--2

- Call When Ready
- Walk In
- Mail Out
- Call if Problem
- Will Wait
- After 4:30
- Pick Up

\$3001

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: HOME VISION LLC.

ARTICLE II - Address:

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

36181 EAST LAKE ROAD, SUITE 204
PALM HARBOR, FL 34685

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

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

LEXIS DOCUMENT SERVICES INC.

Name

3953 W.W. KELLEY ROAD

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

Tallahassee FL 32311

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.

Michael A. Juono

Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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)

William J. Wylie

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.)

WILLIAM J. WYLIE

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)