

FROM THE DESK OF NAOMI A FRIZZELL

October 5, 2001

8000004626658--3  
-10/08/01--01046--005  
\*\*\*\*160.00 \*\*\*\*160.00

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

WO 1-23453

Dear Sir or Madam:

I am enclosing the documents needed to establish the following LLC:

**Vision Renewal Communications, LLC**

Please feel free to contact me at the address or telephone number below, should you need any additional information.

Regards,

*Naomi A. Frizzell*

Naomi A. Frizzell

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV -6 PM 1:46  
11/6



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 9, 2001

NAOMI A. FRIZZELL  
5530 ALDEN BRIDGE DRIVE  
JACKSONVILLE, FL 32258

SUBJECT: VISION RENEWAL COMMUNICATIONS, LLC  
Ref. Number: W01000023453

We have received your document for VISION RENEWAL COMMUNICATIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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 (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 001A00056342

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Vision Renewal Communications, LLC

## ARTICLE II - Address:

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

5530 Alden Bridge Drive  
Jacksonville, FL 32258

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

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

Naomi A. Frizzell  
Name  
5530 Alden Bridge Drive  
Florida street address (P.O. Box **NOT** acceptable)  
Jacksonville FL 32258  
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.*

Naomi A. Frizzell  
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 therefore, a manager - managed company.

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

Naomi A. Frizzell  
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.)

Naomi A. Frizzell  
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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DIVISION OF CORPORATIONS  
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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:

Vision Renewal Communications, LLC

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

Naomi A. Frizzell

(Name)

5530 Alden Bridge Drive

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

Jacksonville

FL

32258

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, F.S.*

Naomi A. Frizzell

(Signature)

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

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