

L02000010652

Requestor's Name	
Address	
City/State/Zip	Phone #
Office Use Only	

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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02 MAY - 1 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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****155.00 ****155.00

L02-10652
He

John Hancock Financial Services, Inc.

Tampa Bay Coleman Agency

Suite 210
5215 W. Laurel St
Tampa, Fl, 33609
Phone: (813) 287-8800 Ext. 251
Toll Free: (800) 233-7542 Ext. 251
Fax: (813) 287-9880



Robert C. Coleman, CLU, ChFC
General Agent

Registration Section
Division of Corporations
P O Box 6327
Tallahassee Fl 32314

April 24, 2002

Re: W02000008532

Enclosed is check in the amount of \$155.00 for the following filing fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy

Sincerely,

A handwritten signature in dark ink, appearing to read "R. Coleman".

Robert C. Coleman, CLU, ChFC
General Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 26, 2002

VISIONLINK OF TAMPA BAY, LLC
5215 W. LAUREL STREET, SUITE 120
TAMPA, FL 33607

SUBJECT: VISIONLINK OF TAMPA BAY, LLC
Ref. Number: W02000008532

We have received your document for VISIONLINK OF TAMPA BAY, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 802A00018136

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TALLAHASSEE, FLORIDA

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60P
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VISIONLINK OF TAMPA BAY, LLC

ARTICLE II - Address:

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

5215 W. LAUREL ST- SUITE 120-TAMPA FL 33607

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

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

ROBERT C COLEMAN

Name

16105 TURNBURY OAK DRIVE

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

ODESSA FL 33556

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.

Robert Coleman

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)

Robert Coleman

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.)

ROBERT C COLEMAN

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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02 1123 L 25.00
03 1114 W 30.00