L03000009990

(Re	equestor's Name)	
	. ,	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
1 , 10,000		L
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	Status
Consist to tour firms to	Cilia a Office a	7
Special Instructions to	Filing Officer:	
		•
		[
		, ,
		1000
		21/1
1010 001		Koil
189, 2848	11071	
107 000	701	
1	Office Use Only	
	Office Ose Offi	, alu
	/	2/01
	\sim Ω'	3-6910
	/ 1 1 1	•



400013170034



#3/10/03--01092--014 **160.00

TERRI GIBSON 1805 BELMONT PLACE BOY NTON BEACH FL 33436

2/27/03

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 03 HAR 19 AH 9: 49
SECRETARY DE STATEMHANSSEE, FLORING

To Whom It May Concern:

Pursuant to s. 608.407, Florida Statues, I hereby submit my articles of organization for Visions Etcetera LLC for registration with the Division of Corporations. My mailing name address and daytime phone number is:

Terri Gibson 1805 Belmont Place Boy nton Beach FL 33436 561 738-1717

I have enclosed a check in the amount of \$160.00 to cover the following cost:

Filing Fee for Articles of Organization Designation of Registered Agent Certified Copy Certificate of Status

Thank you,

Terri Gibson



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 11, 2003

TERRI GIBSON 1805 BELMONT PLACE BOYNTON BEACH, FL 33436

SUBJECT: VISIONS ETCETERA Ref. Number: W03000006910 O3 MAR 19 AM 9: 49
TALLAHASSEE, FLORIDA

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

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 003A00015249

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	mameria.
The name of the Limited Liability Com Visions Etcetera LCC	pany is:
Visions Eccetera Ca	
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
1805 Belmont Place	
Boynton Beach, FL 33436	Designation of Contract Agent's Signatural
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature
The name and the Florida street address	s of the registered agent are:
The name and the French street abarea.	s of the registered agent are:
Terri Gibs	on
	Name 99 4
1805 Belmo	nt Place
	eet address (P.O. Box NOT acceptable)
	(
<u> </u>	ach FL 33436
	City, State, and Zip
registered agent and agree to act in thi statutes relating to the proper and com accept the obligations of my position as	ed in this certificate, I hereby accept the appointment as a scapacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 608, F.S.
	Registered Agent's Signature
	must be added if an effective date is requested)
Signature of a memi	per or an authorized representative of a member.
	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury herein are true.)
-Terri Gil	Son 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)