

L03000025127

(Requestor's Name)

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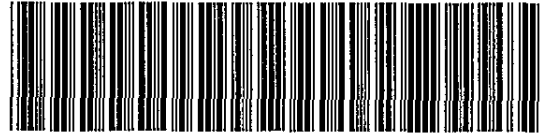
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Vision Investment Partnership LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other LLC

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

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Acknowledgment

W P. Verifier

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Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 2, 2003

EMPIRE

TALLAHASSEE, FL

SUBJECT: VISION INVESTMENT PARTNERSHIP LLC
Ref. Number: W03000018897

We have received your document for VISION INVESTMENT PARTNERSHIP LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Limited liability companies cannot use the word "PARTNERSHIP" in their names. Please revise the name.

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) 245-6914.

Buck Kohr
Corporate Specialist

Letter Number: 103A00039782

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DIVISION OF CORPORATIONS

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03 JUL 10 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VISION INVESTMENT PARTNER, LLC

ARTICLE II - Address:

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

7816 N W 39TH CT CORAL SPRINGS FLORIDA 33065

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

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

ENES ST CYR

7816 N W 39TH CT

Florida street address (P.O. Box NOT acceptable)
CORAL SPRINGS FL 33065

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 602, F.S.



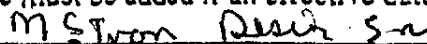
Registered Agent's Signature

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.

ALSON JACQUET PRESIDENT 232 SE 3RD AVE DELRAY BEACH FL 33438
ADELINE SAMPAIN V-PRES 3021 CRYSTAL LAKE DR APT #219 POMPANO BEACH FL 33068
FRANTZ CRIBE SECRETARY 816 NW 8TH AVE BOYNTON BEACH FL 33426
JONIBEN ATYS TREASURER 1421 N W 42ND STREET FORT LAUDERDALE FL 33309
MAX JOSEPH DORVILLE VICE-TREASURER 2761 N SEACREST BLVD BOYNTON BEACH FL 33435
MCIVAN DESIR SR VICE-SECRETARY 5361 N ROSE MARIE AVE BOYNTON BEACH FL 33437

(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.)

MCIVAN DESIR SR

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)

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

First that **VISION INVESTMENT PARTNER LLC**

desiring to organize under the laws of the State of Florida

with its principal office, as indicated in the articles of incorporation has

named **ENES ST CYR**

located at **7816 N W 39TH CT**

City of **CORAL SPRINGS** County of **BROWARD** State of Florida,

as its agent to accept service of process within this state.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

SIGNATURE *Enes St Cyr*
Registered Agent

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TALLAHASSEE