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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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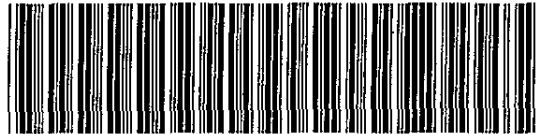
(Business Entity Name)

(Document Number)

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DEPT. OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUL 24 2003



NEW VISIONS COMMUNITY DEVELOPMENT CORPORATION

"Revitalizing Our Community Through Single Family Homeownership"

1214 Northeast Fourth Avenue ·
Telephone (954) 768-0920 ·

Fort Lauderdale, Florida 33304
FAX (954) 768-0964

July 18, 2003

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Board of Directors
President/CEO
Dr. C. E. Glover
Mt. Bethel Baptist Church

Chester Bishop
SuRealty Title Company

Edith Bynes
Bank Atlantic

Jacquelyn Giles
Mt. Bethel Baptist Church
Neighborhood
Representative

Vernon Blount
Mt. Bethel Baptist Church
Neighborhood
Representative

Larry Johnson
Mt. Bethel Baptist Church
Neighborhood
Representative

Gaetonio Sanford
Mt. Bethel Baptist Church
Neighborhood
Representative

Paul Wiggins
Bank of America

Willie Pearl Copeland
Mt. Bethel Baptist Church
Neighborhood
Representative

Robert Kelly
Northern Trust Bank

Linda Malligo
Citibank

Katrina Wright
FannieMae South Florida
Partnership Office

Staff
Jacqueline R. Tufts
Executive Director

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

The New Visions Community Development Corporation is submitting this letter and check to form a Florida Limited Liability Company pursuant to Chapter 608, Florida Statutes. Our current address and contact numbers as follows:

New Visions CDC
1214 Northeast Fourth Avenue
Fort Lauderdale, FL 33304
954-768-0920 Phone
954-768-0964 Fax

Attached you will find a check in the amount of \$125.00, and the Articles of Organization. Please response accordingly.

Sincerely,

Jacqueline R. Tufts
Executive Director

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Visions LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jaqueline Tufts
(Name of Person)

New Visions Community Development Corporation
(Firm/Company)

1214 NE 4th Avenue
(Address)

Ft. Lauderdale, FL 33304
(City/State and Zip Code)

For further information concerning this matter, please call:

Jaqueline Tufts at (954) 768-0920
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: New Visions LLC

ARTICLE II - Address:

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

Principal Office Address:

1214 NE 4th Avenue
Ft. Lauderdale, FL 33304

Mailing Address:

1214 NE 4th Avenue
Ft. Lauderdale, FL 33304


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

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

Jacqueline Torffs
Name
1214 NE 4th Avenue
Florida street address (P.O. Box **NOT** acceptable)
Ft. Lauderdale FL 33304
City, State, and Zip

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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..


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Manager

Dr. C.E. Glover
901 NW 11th Avenue
Ft. Lauderdale, FL 33311

Managing Member

Mr. Chester Bishop
4801 S. University Drive
Davie, FL 33318

Managing Member

Mr. Paul Wiggins
1 Financial Ctr. 14th Floor
Ft. Lauderdale, FL 33302

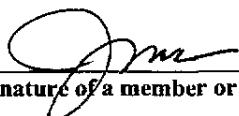
Managing Member

Mr. Robert Kelly
1100 E. Las Olas Blvd.
Ft. Lauderdale, FL 33311

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Ms. Jacqueline Tofts

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