## L03000032560

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FAIT AMASSEE, FLORIDA

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## TRANSMITTAL LETTER

SUBJECT: Vature's Vision L. C.

(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization \$ 25.00 Designation of Registered Agent

A letter of acknowledscreent will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30. Please send one check for the total amount made payable to the Florida Department of State.

PROM: Benjamin White

J Name (Printed or typed)

95 E. Magholia St.

Address

Oviedo, FL 32765

City, State & Zip

(407) 359 - 7293

Daytime Telephone number

113



Secretary of State

August 20, 2003

BENJAMIN WHITE 95 E. MAGNOLIA ST. OVIEDO, FL 32765

SUBJECT: NATURE'S VISION L.L.C.

Ref. Number: W03000023722

All All Services

We have received your document for NATURE'S VISION L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete Article I and II on document...

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 703A00047250

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Nature's Vision, LLC

ARTICLE I - Name:

ARTICLE II - Address: 95 E. Magnolia St., Oviedo FL 32765 The mailing address and street address of the principal office of the Limited Liability Company is:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are    Bridget White   Name   Police   Police
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.  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.
(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.)

Typed or printed name of signee

\$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)

Filing Feer: