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J			
(Re	equestor's Name)		
(Ad	ldress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
`	•	•	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special instructions to Filing Officer:			

Office Use Only



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2004 DEC 16 PM 4: 44

TRANSMITTAL LETTER

TO: Registration S Division of Co				
SUBJECT:	New Vision S	Services, LLC		
	(Name of Limit	ed Liability Co	ompany)	
	of Organization and fee(s) are		_	
Please return all corres	pondence concerning this matt	er to the follow	ving:	ب ر
		Ben D. DeVri	Δe	MINDER TO SOUPORATION
		Name of Person		
				墨
	Now V	aion Consina	шс	SEC
		sion Services (Firm/Company		- TO S
		•		
	7711	Military Trail N	.I	D. P.
<u> </u>	17111	(Address)	V	
		()		
	.		=:	
		ach Gardens /State and Zip C		
	(City	rotate and Zip C	.ouc)	
For further information	concerning this matter, please	call:		
Ben D. DeVries		at (561	799 1212	
(Name	e of Person)	(Area	Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:			
J \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & copy opy is enclosed)	\$\square\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis	EET ADDRESS: tration Section		MAILING A Registration S	ection
Division of Corporations 409 E. Gaines Street			Division of Co P.O. Box 632	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

RTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company	is:	
New Vision Services, LLC		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
7711 Military Trail N.	7711 Military Trail N.	
Palm Beach Gardens, FL 33410	Palm Beach Gardens, FL 33410	
Ben D. Nan	DeVries ne	
Nan	ne	
7711 Military		
	address (P.O. Box <u>NOT</u> acceptable)	
Palm Beach Garden City, State		
liability company at the place designated in	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all	

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Ben D. DeVries, MGR M	7711 Military Trail N. Palm Beach Gardens, FL 33410
(Use attachment if necessary)	
NOTE: An additional article must be a REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member.
(In accordance with section	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury
	n D. DeVries or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)