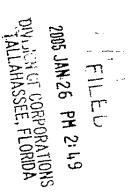
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(Requ	estor's Name)	
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PICK-UP	WAIT	MAIL
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. Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Visian Title of Gaines ville LCC (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:	(
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Crea Oliverbaum (Name of Person)	`; ,
Vision Partner Group, Inc	
668 N. Orlando Ave, #1007 (Address)	
Maitle 1 FC S2751 (City/State and Zip Code)	
For further information concerning this matter, please call:	
at ()(Name of Person) at () (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
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	•

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	ON THE STATE OF TH
The name of the Limited Liability Company is:	是皇皇二
Vision Tible of Gaines ville, LCC	26 PA
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited L	iability Company iss
Principal Office Address: Mailing Address:	~~~
C/0 668 N. Orlando Aue, #1007 Maithed, FL 32751	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent	's Signature:
The name and the Florida street address of the registered agent are:	
Dougles W. Bairle	
Florida street address (P.O. Box NOT acceptable)	
Maidland FC F82751 City, State, and Zip	
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in	the appointment as th the provisions of all am familiar with and
Registered Agent's Signature	e e e e e e e e e e e e e e e e e e e

(CONTINUED)

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	Name and Address:	
"MGRM" = Managing Member		
Maran	Sharon Howard	
, ,		a — paga man Nasagggga
	ON OF CONTRACTOR	<u> </u>
	500	
	PAZ 2: F5	<u> </u>
<u> </u>	65 to	e e:
(Use attachment if necessary)		
NOTE: An additional article must b	pe added if an effective date is requested.	
REQUIRED SIGNATURE:		
		• • • • • • • • • • • • • • • • • • •
Signature of a member	or an authorized representative of a member.	red of the
(In accordance with sect	ion 608.408(3), Florida Statutes, the execution	
of this document constit that the facts stated he		
Tvo	Rouglas W. Bartle ed or printed name of signee	
•1		

Filing Fees:

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

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