

LOS 000011305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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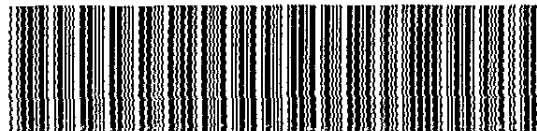
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LOS-11305  
OK

**TRANSMITTAL LETTER**

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

SUBJECT: Vision Capital LLC

DATE: January 24, 2005

The enclosed Articles of Organization (two copies) and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Mark Maida  
161 Esperanza Way  
Palm Beach Gardens, FL 33418

For further information concerning this matter, please call:

Mark Maida at (561) 371-6100

Enclosed is a check for \$160 for Filing Fee, Certificate of Status, and a Certified Copy (additional copy is enclosed).

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF  
VISION CAPITAL LLC**

**ARTICLE I – Name.** The name of the Limited Liability Company is:

**VISION CAPITAL LLC**

**ARTICLE II – Duration.** The period of duration of the limited liability company is perpetual unless sooner dissolved as provided by statute.

**ARTICLE III – Purpose.** This limited liability company is organized for the purpose of engaging in any lawful business in which a limited liability company may engage under Florida Law.

**ARTICLE IV - Address:** The mailing address, as well as the street address of the principal office of the Limited Liability Company is:

161 Esperanza Way  
Palm Beach Gardens, FL 33418

**ARTICLE V - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Mark Maida  
161 Esperanza Way  
Palm Beach Gardens, FL 33418

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.

  
\_\_\_\_\_  
Mark Maida, Registered Agent

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TALLAHASSEE, FLORIDA

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**ARTICLE VI- Manager(s) or Managing Member(s):**

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

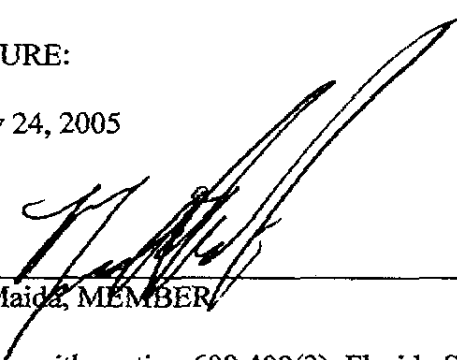
<u>Title:</u>	<u>Name and Address:</u>
MGRM	Mark Maida 161 Esperanza Way Palm Beach Gardens, FL 33418
MGR	Brian D. Nisula 164 Esperanza Way Palm Beach Gardens, FL 33418

**ARTICLE VII – Admission of Additional Members.** Additional Members will be admitted only pursuant to the terms of the operating agreement to be entered into by the Members of the limited liability company.

**REQUIRED SIGNATURE:**

Dated: January 24, 2005

By:

  
Mark Maida, 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.)