L050000535/2

| (Re | equestor's Name) | |
|-------------------------|-------------------|---------------|
| | | |
| (Ac | idress) | |
| | | |
| (Ac | idress) | |
| | | |
| (Ci | ty/State/Zip/Phon | e #) |
| (| - , | , |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Na | me) |
| | | |
| (Do | cument Number) | |
| ` | • | |
| Codified Coming | O-461- | a a f Obahu a |
| Certified Copies | Ceuilicaie | s or Status |
| | | |
| Special Instructions to | Filing Officer: | |
| • | | į |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



700054525147

05/23/05--01027--017 **125.00

2005 HAY 23 PM 12: 03

4. BRYWAI MAY 3 1 2005

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: VISIONS Dry wall Libility Company) |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Brian K. Locklear EE = |
| (Name of Person) |
| Visions Drynall (Firm/Company) |
| (Firm/Company) |
| 1674, J.D. Miller RQ. 翼 |
| (Address) |
| Santa Rosa Beach, FL 32/59 (City/State and Zip Code) |
| |
| For further information concerning this matter, please call: |
| C.5. Simms at (850) 685-4416 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee & Certificate of Status 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 Tallshassee, Florids 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassoo, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

Visions Dogwall, Lot. C.

| ARTICLE II- Address: | $\mathcal{V}_{\mathcal{O}}$ |
|--|---|
| | of the principal office of the Limited Liability |
| Principal Office Address: | Mailing Address: |
| 1674 J. D. Willer Rd. | P.O. BOP 6466 |
| Santa Rosa-Beach, | Miramas Beach, FZ |
| FL 132459 | 33550 |
| ARTICLE III- Registered Agent, Reg The name and the Florida street address | istered Office,& Registered Agent's Signature: of the registered agent are: |
| - BUAN Nar | K. locklear |
| 1674 | J.D. Niller |
| Florida street add | ress (P.O. Box NOT acceptable) |
| Santo City, St | Rasa Beach, FL 33500 |
| stated limited liability company at the pi the appointment as registered agent and comply with the provisions of all statues of my duties, and I am familiar with and | and to accept service of process for the above lace designated in this certificate, I hereby accept agree to act in this capacity. I further agree to relating to the proper and complete performance accept the obligations of my positions as in Chapter 608, Florida Statues |
| Registe | Leckla May 13,000 and Agent's Signature |
| | Page 1 of 2 DNTINUED) OFFICIAL |
| A STATE STATES | ARCA, JEAN JONES / Public - State of Florida rms. Expires Feb 26, 2008 - Dunt Tu |

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: |
|--|---|
| "MOR" | BRIAN K. LOCKLOAR 1674 J.D. Miller Santa Rosa Beach, FL 32550 |
| | TORING TO SEE, FLORIDA |
| (in accordance with section | led if an affective date is requested. Lockles an authorized representative of a member. 608.408(3), Florida Statues, the execution of an affirmation under the penalties of perjury |

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)

