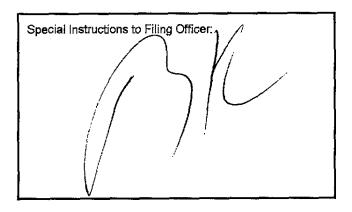
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(Requestor's Name)	_		
(Address)	-		
(Address)	_		
(City/State/Zip/Phone #)	_		
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	_		

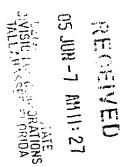


Office Use Only



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LAZARUS CORPORATE FILING SERVICE Requester's Name 3320 S.W. 87TH AVENUE S UM AND SOLVES Address MIAMI, FL 33165 (305) 552-5973 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Mail out ☐ Will wait ☐ Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit ☐ Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication ☐ Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/OUALIFICATION Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OS JO PESER.	A COST	, Co
	CARON	3

ARTICLE I - Name: The name of the Limited Liability Company is	s·
VISIONS SOUTH LLC	••
_	
ARTICLE II - Address: The mailing address and street address of the part of t	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
10965 SW 136 Street	10965 SW 136 Street
Miami, FL 33176	Miami, FL 33176
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the	registered agent are:
Nam	e
10965 SW 136 St.	
Florida street address (P	O. Box NOT acceptable)
Miami ,	FLORIDA 33176
City, State	
Having been named as registered agent and to accept se company at the place designated in this certificate, I her agree to act in this capacity. I further agree to comply w and complete performance of my duties, and I am family registered agent as provided for in	reby accept the appointment as registered agent and with the provisions of all statutes relating to the proper iar with and accept the obligations of my position as Chapter 608, Florida Statutes
Registered Agen	t's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Gloria Gasset Revocable Trust dated December 29, 1099 10965 SW 136 St Miami, FL 33176 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a 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.) GLORIA M. GASSET

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)

Typed or printed name of signce