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2006 APR -6 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Envision Solutions Group, LLC  
(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:

Robert Goodwin  
(Name of Person)

Pennington, Moore, Wilkinson, Bell & Dunbar, PA  
(Firm/Company)

PO Box 10095  
(Address)

Tallahassee, FL 32302  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Goodwin at ( 850 ) 222-3533  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
2006 APR -6 AM 10:42  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLES OF ORGANIZATION  
OF  
ENVISION SOLUTIONS GROUP, LLC**

**FILED**  
2006 APR - 6 AM 10:42  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is Envision Solutions Group, LLC (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Company Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

The purpose for which the Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. ADDRESS OF PLACE OF BUSINESS.

The mailing and street address of the place of business in Florida for the Company is 1429 Highland Drive, Tallahassee, FL 32317. Such address may be changed from time to time as

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provided in the Operating Agreement.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: Brenda Dickinson, and the initial registered office is located at 1429 Highland Drive, Tallahassee, FL 32317.

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: One Hundred and No/100 Dollars (\$100.00) in cash.

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

9. MANAGEMENT.

The Company shall be member-managed as is more fully described in the Operating Agreement.

10. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall

indemnify any Member-Manager or former Member-Manager to the full extent permitted under the Florida Limited Liability Company Act.

11. EFFECTIVE TIME.

These Articles shall be effective when filed with the Florida Department of State.

Executed this 3 day of April, 2006.

Brenda D. Dickinson

Brenda Dickinson, Member

STATE OF FLORIDA

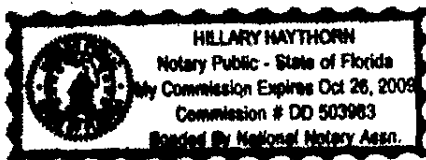
COUNTY OF Leon

The foregoing instrument was acknowledged before me this 3<sup>rd</sup> day of April, 2006, by Brenda Dickinson, Member of Envision Solutions Group, LLC, a Florida limited liability company, on behalf of the company. He is personally known to me or has produced FL. DL. as identification.

Hillary Haythorn  
NOTARY PUBLIC - STATE OF FLORIDA

(SEAL)

Print, Type or Stamp Name of Notary Public



**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: Envision Solutions Group, LLC
2. The name and address of the registered agent and office is:

Brenda Dickinson  
(NAME)

1429 Highland Drive  
(P.O. BOX NOT ACCEPTABLE)

Tallahassee, FL 32317  
(CITY/STATE/ZIP)

By:

Brenda D. Dickinson

Print Name: Brenda Dickinson, Member

Date:

April 3, 2006

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.

SIGNATURE

Brenda D. Dickinson

DATE

April 3, 2006

REGISTERED AGENT FILING FEE: \$25.00