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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (800)494-3124 Fax Number : (305)675-2811 16.1UN -9 AM 9: 33

FEORIDA/FOREIGN LIMITED LIABILITY CO.

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Vision Consulting Services, LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is: VISION CONSULTING SERVICES, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

1733 SW 5TH ST.

Fort Lauderdale, FL 33312

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

SAMUEL J. DELEVOE

1733 SW 5TH ST.

Fort Lauderdale, FL 33312

SECRETARY OF STATE
VISION OF CONFORMATION

OF JUN -9 AH 9: 3

Having been named as registered agent 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..

SAMUEL J. DELEVOE / Registered Agent's

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VISION CONSULTING SERVICES, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

ARTICLE V MEMBERS (optional)

MANAGER:

SAMUEL J. DELEVOE

P.O.Box 101297

Fort Lauderdale, FL 33310

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Signature of a member or an authorized representative

(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.

SAMUEL J. DELEVOE

Typed or printed name of signee

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