

L060000/447

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the audit number (shown below) on the top and bottom of all pages of the document.

(((H06000254023 3)))



H06000254023ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 OCT 17 A 10:

FILED

DIVISION OF CORPORATION

06 OCT 17 PM 2:40

RECEIVED

AL

FLORIDA/FOREIGN LIMITED LIABILITY CO.

VISION ALLIANCES LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

H000000254023

③

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

Vision Alliances LLC

ARTICLE II- Address:

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

Principal Office Address:

Mailing Address:

300 Ave of the Arts
Fort Lauderdale, FL 33312

300 Ave of the Arts
Fort Lauderdale, FL 33312

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

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

Robert A. Pascal

Name

300 Avenue of the Arts

Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale, FL 33312

City, State, and Zip

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 positions as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature

(Continued)

Page 1 of 2

Prepared by Robert A. Pascal, Esq. 300 Ave of the Arts, Ft. Laud.

Florida FBN:883026

H000000254023

2006 OCT 17 A 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H00000254023

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:


MGR

Victor L. Olivieri, Jr
300 Ave of the Arts
Ft. Lauderdale, Fl

MGR

Sandra Olivieri
300 Ave of Arts
Ft. Lauderdale, Fl

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.)

Victor L. Olivieri, Jr.

Typed or printed name if signer

H00000254023

FILED
2006 OCT 17 A 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA