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### FLORIDA/FOREIGN LIMITED LIABILITY CO.

### Vision Services, LLC

Certificate of Status	0
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FAX AUDIT # 4070001 202643

# ARTICLES OF ORGANIZATION OF Vision Services, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Vision Services, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 201 Edgewater Terrace Drive, Edgewater, Florida 32141.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Faith Kidwell, 201 Edgewater Terrace Drive, Edgewater, Florida 32141. Located in the County of Volusia.

ARTICLE IV

**DURATION** 

The duration for the limited liability company shall be: 12/31/2047.

#### ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Faith Kidwell, 201 Edgewater Terrace Drive, Edgewater, Florida 32141

1. Cold

Business Filings Incorporated, Organizer

Terese Coulthard, Asst. Sec.

Authorized Representative

Prepared by Terese Coulthard, Business Filings Incorporated, 8025 Excelsior Dr., Suite

200, Madison, WI 53717

(608) 827-5300

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FAX AUDIT # 4070001202643

## FAX AUDIT # 4070001202443

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED 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.

The name of the limited liability company is: Vision Services, LLC

The name and address of the registered agent and office is Faith Kidwell, 201 Edgewater Terrace Drive, Edgewater, Florida 32141. Located in the County of Volusia.

Having been named as registered agent and to accept service of process for the above stated 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:

Egith Kidwell

Date: 4/27/67

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SECRETARY OF STATE

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