## L07000058245

(Re	questor's Name)	
Herri		
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doi	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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FILED Jun 04, 2007 08:00 AM Secretary of State

## **COVER LETTER**

TO: Registration S Division of Co		· -		
SUBJECT: Techno	ology for the visually	impaired L	LC	
	Name of Limit	ed Liability Com	pany	
The enclosed Articles of	f Organization and fee(s) are	submitted for fili	ng.	
Please return all corresp	ondence concerning this matt	er to the following	ıg:	
Jason F. Fi	zgerald	Name of Person		t
		Name of Person		
Technology	for the visually impai			
		Firm/Company		
2114 North	Flamingo Road #117	8		
		Address		
Pembroke l	Pines, FL 33028			
		y/State and Zip Co	de	
<u>JFitzgerald</u> 2	2736@gmail.com	*		<u></u>
	E-mail address: (to be used i		роп пописацоя)	
For further information	concerning this matter, please	e call:		
Jason F. Fitzger	ald	at ( 305	710-1243	3
	of Person	Area Co	de & Daytime Tele	phone Number
Enclosed is a check f	or the following amount:			
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified C		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Division Clifton 2661 E	Courier Address ation Section on of Corporations Building Executive Center Cassee, FL 32301	

## FILED Jun 04, 2007 08:00 AM Secretary of State

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Technology for the visually impaire		. 1	
ARTICLE II - Address:			
The mailing address and street address of the pr	rincipal office of the Limited Liability C	ompany is:	
Principal Office Address:	Mailing Address:	,	<u>.</u> .
Jason F. Fitzgerald	2114 North Flamingo Road		
	#1178		
	Pembroke Pines, FL 33028	, ,	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.	tered Agent. You must designate an individual or ano	ire: ther	
Jason F. Fitzgerald			
Name			
2114 North Flamingo	Road, #1178		
Florida street add	iress (P.O. Box NOT acceptable)		
Pembroke Pines	FL 33028		
City, Sta	ate, and Zip	• • • •	
Having been named as registered agent and to a liability company at the place designated in the			

Assen Titrage word Registed Ayent's Signature (ADQUIRED)

registered agent and agree to act in this capacity. I fluther 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.,

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	-
MGR	Jason F. Fitzgerald
	2114 North Flamingo Road, #1178
	Pembroke Pines, FL 33028
	·
	water and the second se
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTION/
fective date is listed, the date mu days after the date of filing.)	st be specific and cannot be more than five business day
REQUIRED SIGNATURE:	
Qouro	n Litrograda ember or an athorized representative of a member.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Filing Fees: