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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECHETARY OF STATE STATE ALL LAHASSEE. FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AVISION ENTERPRISES, 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:
RICHARD S. BAILEY
(Name of Person)
(Firm/Company)
915 Tuscanny Street (Address) Brandon, FL 33511 (City/State and Zip Code)
(Address) 第章 プロ
Brandon, FL 33511 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
RICHARD S. BAILEY (Name of Person) at (813) 661-0854 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\times \$\subseteq \text{\$\subseteq \since \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \since \text{\$\since \text{\$\sinc
Mailing Address Street/Courier Address

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

AVISION ENTERPRISES, LLC (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company," Liability Company, "Liability Company," Liability C	ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
915 Tuscanny Street Brandon, FL 33511	915 Tuscanny Street Brandon, FL 33511
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an individual or another
RICHARD S. BAILEY	
Name	
915 Tuscanny Street	
Florida street ac	ddress (P.O. Box <u>NOT</u> acceptable)
Brandon, FL	33511 I Zip

(CONTINUED) Page 1 of 2

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..

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	RICHARD S. BAILEY	
	915 Tuscanny Street	
	Brandon, FL 33511	
MGRM	LINDA C. BAILEY	
	915 Tuscanny Street	
	Brandon, FL 33511	
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		F9 9
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		ALISSEE FLORIT
		Ps
		<u> </u>
(Use attachment if necessary)		-
	the date of filing:	
	t be specific and cannot be more th	an five business days prior
days after the date of filing.)		

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.)

RICHARD S. BAILEY

Typed or printed name of signee

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)