

LO7000 114745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐

MAIL

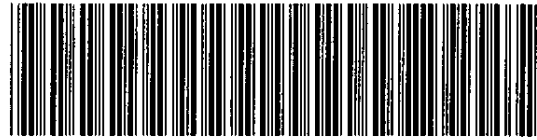
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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OMNI BUSINESS SERVICES, INC

DBA OMNI INSURANCE SERVICES

2413 BISCAYNE BLVD

MIAMI, FL 33137

Tel:305-576-7755

Fax:305-576-9107

November 08, 2007

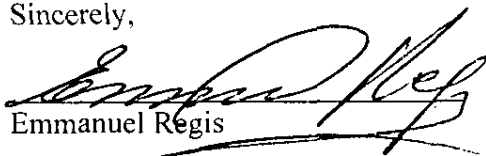
Florida Dept of State
Division of Corporations
P O BOX 6327
Tallahassee, Fl 32314

Dear sir or Madam

Enclosed you will find the Articles of Organization of Nu-Vision Enterprises, LLC along with a money order in the amount of \$125.00. Please register it for me.

Your prompt attention and cooperation regarding this matter will be greatly valued.

Sincerely,


Emmanuel Regis

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY
OF
NU-VISION ENTERPRISES, LLC**

ARTICLE I: NAME

The name of this Limited Liability Company shall be:

NU-VISION ENTERPRISES, LLC

ARTICLE II: ADDRESS

945 NE 123rd STREET
SUITE 4
N. MIAMI, FL 33161

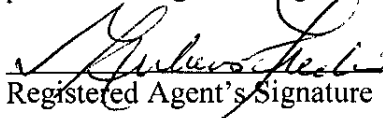
IT IS ALSO THE MAILING ADDRESS OF THIS LIMITED LIABILITY COMPANY

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE:**

The name and the Florida Street Address of the registered agent are:

LUBENS FREDERIC
945 NE 123rd STREET
SUITE 4
MIAMI, FL 33161

Having been named as registered agent and to accept service of process for the above state limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent 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.


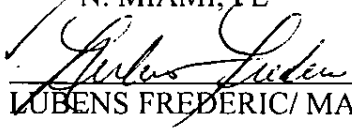


Registered Agent's Signature

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ARTICLE IV: MANAGERS

The name and address of each Manager is as follows:

TITLE	NAME	ADDRESS
MANAGER “ “	ANGEL RIVAS “ “	945 NE 123 rd STREET SUITE 4 N MIAMI, FL 33161
MANAGER “ “ 	LUBENS FREDERIC “ “	945 NE 123 rd STREET SUITE 4 N. MIAMI, FL 
ANGEL RIVAS / MANAGER		LUBENS FREDERIC/ MANAGER

(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.)

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