

Division of Corporations

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Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : BRENNER KAPROSY, L.L.P.  
Account Number : I20050000128  
Phone : (440) 247-5555  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**EnvisionEight, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

EnvisionEight, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

5561 North University Drive, Suite 103  
Coral Springs, FL 33067-4652

**Mailing Address:**

5561 North University Drive, Suite 103  
Coral Springs, FL 33067-4652

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

BKM Florida Agent Corp.

Name


5561 North University Drive, Suite 103

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

Coral Springs, FL 33067-4652

City, State, and Zip

*Having been named as registered agent and 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 position as registered agent as provided for in Chapter 608, F.S..*



Registered Agent's Signature (REQUIRED)

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**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:**

See Attachment A

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 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.)

T. David Mitchell

Typed or printed name of signer

**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)

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Attachment A

MGRM	Alex Budin 240 Senlac Hills Drive Chagrin Falls, Ohio 44022
MGRM	Michael Kennedy 716 Riders Way Moon Township, PA 15108
MGRM	Patrick Lynch 4915 Courtncy Ridge Lane, Apt. 321 Charlotte, NC 28217
MGRM	Stephen Kuenzig 640 S. Sapodilla Ave., # 209 West Palm Beach, FL 33401
MGRM	William McGibony 42 Wolfpen Drive Chagrin Falls, OH 44022
MGRM	Jeffrey Miller 170 Cleveland Street Chagrin Falls, OH 44022
MGRM	Garrett Monda 210 N. Church, # 3403 Charlotte, NC 28202
MGRM	Matthew Trinetti 231 Hawthorne Drive Chagrin Falls, OH 44022

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