

L080000/2615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

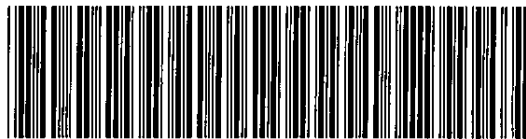
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT

FEB -5 2008

EXAMINER

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: TRUE VISION INTERNATIONAL LLC.
(PROPOSED ~~CORPORATE~~ NAME - MUST INCLUDE SUFFIX)
LLC

Enclosed is an original and one(1) copy of the articles of incorporation and a check for

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

¹⁵⁵
☒ ~~\$70.75~~
Filing Fee
& Certified Copy

☐ \$82.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: RONALD L. DAVIS, ESQ.

Name (Printed or typed)

SUITE 405-BANCO POPULAR BANK BUILDING
1550 NE MIAMI GARDENS DRIVE

Address

NORTH MIAMI BEACH, FLORIDA 33179

City, State & Zip

(305) 940-2352

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company:
TRUE VISION INTERNATIONAL LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
13370 N.E. 5TH AVENUE
NORTH MIAMI, FLORIDA 33161

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

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

ROUDY PRENUS

Name

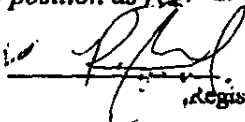
13370 N.E. 5TH AVENUE

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

NORTH MIAMI, FLORIDA 33161

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

Article IV - Management (Check box if applicable.)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


Signature of 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.)

ROUDY PRENUS

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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