# L0800008a335

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SECRETARY OF STATE SECRETARY OF STATE

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Visual Indentities LLC	
(Name of Limited Liability Company)	
Dear Sir or Madam:	
The enclosed Articles of Correction and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	<b>≥</b>
ARE STATES	ma ced - a
in the second of	> II: 05
(Firm/Company)	) N
899 Moonluster Dr. (Address)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Virginia Bartlett at (407) 923-9960 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
\$25 Filing Fee & Status Certified Copy Certificate of Status & Certified Copy	

### ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is:  VISUAL Indentities, LLC
<u>SECO</u>	•
(CH	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
図	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  VISUAL Indentities LLC
	Should be Visual Identities LLC Fig =
	CRE SE
	OR SSEE OF
	Was defectively signed. The manner in which the document was defectively signed the appropriate correction are as follows:
Dated:	9/5,2008
	Jurginia S. Bartlet
	Signature of a member or authorized representative of a member  VIRGINIA 5. Bartlett
	Typed or printed name of signee
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

# Electronic Articles of Organization For Florida Limited Liability Company

L08000082335 FILED 8:00 AM August 28, 2008 Sec. Of State gmcleod

### Article I

The name of the Limited Liability Company is: VISUAL INDENTITIES LLC

### Article II

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

899 MOONLUSTER DR CASSELBERRY, FL. US 32707

The mailing address of the Limited Liability Company is:

899 MOONLUSTER DR CASSELBERRY, FL. US 32707

### **Article III**

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

### Article IV

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

VIRGINIA BARTLETT 899 MOONLUSTER DR. CASSELBERRY, FL. 32707

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.

Registered Agent Signature: VIRGINIA BARTLETT

# Article V

The name and address of managing members/managers are:

Title: MGRM VIRGINIA S BARTLETT 899 MOONLUSTER DR. CASSELBERRY, FL. 32707 US

Title: MGRM THOMAS N BARTLETT 899 MOONLUSTER DR. CASSELBERRY, FL. 32707 US

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## **Article VI**

The effective date for this Limited Liability Company shall be: 08/25/2008

Signature of member or an authorized representative of a member Signature: VIRGINIA BARTLETT