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

L. SELLERS

JUN -8 2010

From: Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Legacy the Visions, LLC

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

LEGACY THE VISIONS, LLC

ARTICLE II ADDRESS

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


2154 SW NEWPORT ISLES BLVD
PORT ST LUCIE, FLORIDA 34953

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

KIM M PALMER
2154 SW NEWPORT ISLES BLVD
PORT ST LUCIE, FLORIDA 34953

Having been named as registered agent 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.

x 

KIM M PALMER / Registered Agent's signature

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PAGE 2 LEGACY THE VISIONS, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

KIM M PALMER

2154 SW NEWPORT ISLES BLVD

PORT ST LUCIE, FLORIDA 34953

MANAGING MEMBER

DAVID W SOUZA

1943 SW BEAUREGARD STREET

PORT ST LUCIE, FLORIDA 34953

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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.

KIM M PALMER

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