

L10000086595

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000184720 3)))



H100001847203ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FILED
10 AUG 17 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

RECEIVED
10 AUG 17 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
visionary construction consultants, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

S. HAWKES
AUG 18 2010
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

H10000184720
FILED
16 AUG 17 AM 9:50
TALLAHASSEE, FLORIDA
CLERK OF STATE

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the Limited Liability Company is: **VISIONARY CONSTRUCTION CONSULTANTS, LLC.**

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is: 1009 N.W. 62nd Avenue, Margate, FL 33063.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND RESIDENT AGENT'S SIGNATURE

BOYD HAYNES
1009 N.W. 62nd Avenue
MARGATE, FL 33063

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 wit and accept the obligations of my position of registered agent as provided for in Chapter 608, F. S.


Registered Agent's Signature

ARTICLE IV - MANAGER(S) or MANAGING MEMBER

Title:

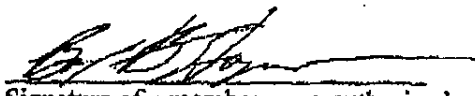
"MGR" Manager
"MGRM" Managing Member

Name and Address:

Boyd Haynes
1009 NW 62nd Avenue
MARAGTE, FL 33063

H10000184720

H10000184920



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)

BOYD HAYNES

Typed or printed name of signee

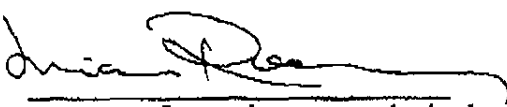
Title:

"MGR" Manager
"MGRM" Managing Member

Name and Address:

Michelle Rodriguez
1009 NW 62nd Avenue
MARAGTE, FL 33063

FILED
19 AUG 17 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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)

MICHELLE RODRIGUEZ

Typed or printed name of signee

H10000184920