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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

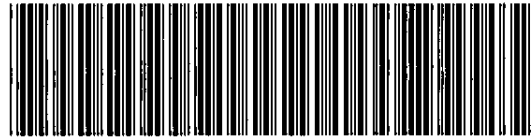
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Per conversation use the name:  
Visions Marketing & Media, LLC

*[Signature]*  
11-23-10  
@ 4:05pm

Office Use Only



100187940561

11/22/10--01023--015 \*\*155.00

Effective Date 11-29-10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 NOV 22 PM 4:40

FILED

J. SAULSBERRY  
EXAMINER

NOV 23 2010

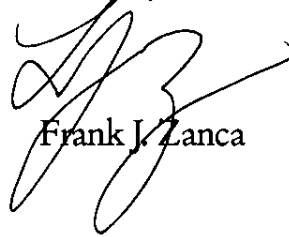
November 13, 2010

Division of Corp.  
Tallahassee, FL

To whom it may concern:

This is a letter regarding my contact information for Visions Media, LLC. My address is 5486 Rutherford PL., Oviedo, FL 32765 and my phone is 407-928-9221. Thank you in advance.

Sincerely,

  
Frank J. Zanca

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Visions Marketing & Media, 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:

5486 Rutherford PL., Oviedo FL 32765

### Mailing Address:

5486 Rutherford PL., Oviedo FL 32765

## 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:

Frank J. Zanca

Name

5486 Rutherford PL.

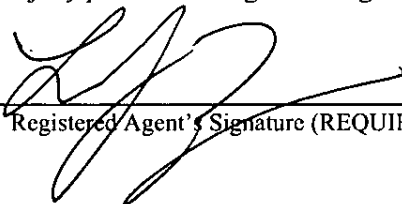
Florida street address (P.O. Box **NOT** acceptable)

Oviedo

FL 32765

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)

(CONTINUED)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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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:**

Pres, Frank J Zanca

5486 Rutherford PL., Oviedo FL 32765

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

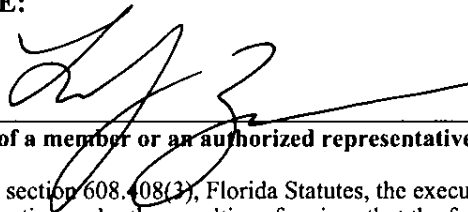
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/29/10. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Frank J. Zanca

Typed or printed name of signee

**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)**