

L11000036827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

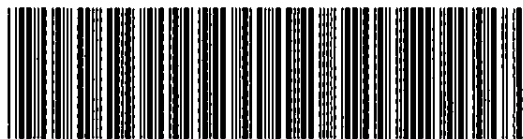
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
MAR 28 2011
EXAMINER

FILED
11 MAR 28 PM 2: 04
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Visdom LLC

Signature _____

Requested by: SETH

03/26/11 11:00

Name

Date

Time

Walk-In _____

Will Pick Up _____

FILED
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DIVISION OF CORPORATIONS
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____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ ☒ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**ELECTRONIC ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company is: Visdom LLC.

ARTICLE II

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

500 North Westshore Blvd. Suite 1015.
Tampa, FL 33609

The mailing address of the Limited Liability Company is:

500 North Westshore Blvd. Suite 1015
Tampa, FL 33609

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

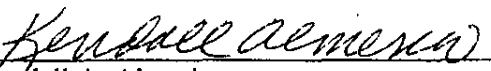
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

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

Kendall A. Almerico
500 North Westshore Blvd. Suite 1015
Tampa, FL 33609

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.


Kendall A. Almerico
Registered Agent

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ARTICLE V

The name and address of managing members/managers are:

Title: Managers

Sadie Turner
500 North Westshore Blvd., Suite 1015
Tampa, FL 33609


Tess Hottenroth
500 North Westshore Blvd., Suite 1015
Tampa, FL 33609

ARTICLE VI

The effective date for this Limited Liability Company shall be:

March 28, 2011.

Signature of member or an authorized representative of a member:



Kendall A. Almerico
Registered Agent