

W12000014451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

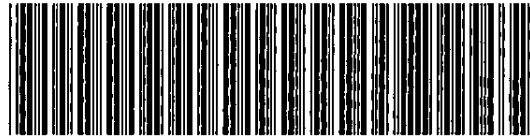
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W12000014814

Office Use Only



200219090702

FILING CANCELLED
RETURNED CHECK

01/24/12--01018--010 **130.00

12 JAN 30 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. BRUCE

JAN 31 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2012

CASEY JOHNSON
16 HICKORY LOOP TRAIL
OCALA, FL 34472

SUBJECT: EXPANDED VISION MARKETING LLC
Ref. Number: W12000004814

We have received your document for EXPANDED VISION MARKETING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 812A0000197

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JAN 30 AM 10 30

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXPANDED VISION MARKETING
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CASEY JOHNSON
Name of Person

Firm/Company

16 Hickory Loop Trail
Address

Ocala, Florida 34472
City/State and Zip Code

CASEY JOHNSON 1234 AT COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CASEY JOHNSON at (352) 274 3967
Name of Person Area Code & Daytime Telephone Number

FILED
12 JAN 30 AM 30
TALLHASSEE FLORIDA

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

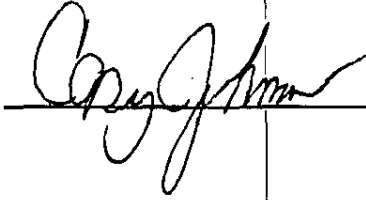
FILING CANCELLED.
RETURNED CHECK

Authorization to release LLC

To whom it may concern,

I, Casey Johnson, registered agent name of Expanded Vision Marketing L.L.C. give authorization to release the current LLC to Expanded Vision Marketing.

Document Number: L10000050490



1-25-12

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TALLAHASSEE, FLORIDA

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RETURNED CHECK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXPANDED VISION MARKETING 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:

Mailing Address:

16 HICKORY LOOP TRAIL
Ocala, Florida 34472

SAME

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:

CASEY JOHNSON
Name

16 HICKORY LOOP TRAIL
Florida street address (P.O. Box NOT acceptable)

Ocala FL 34472
City, State, and Zip

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JAN 30 AM 10 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Casey Johnson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGRM

Name and Address:

Cynthia Marvin
14 Hickory Loop Trail
Ocala, FL
34472

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Casey Johnson

Signature of a member of 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 and correct. 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.)

CASEY JOHNSON

Typed or printed name of signer

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)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA