

L12000108014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

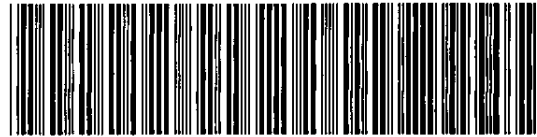
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TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER

AUG 22 2012

CAPITAL CONNECTION, INC.

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

Visdom Enterprises, LLC

Signature _____

Requested by: SETH

08/21/12

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ 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 _____

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

ARTICLE I

The name of the Limited Liability Company is: Visdom Enterprises, LLC

ARTICLE II

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

4350 West Cypress Street Suite 820
Tampa, FL 33607

The mailing address of the Limited Liability Company is:

4350 West Cypress Street Suite 820
Tampa, FL 33607

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
4350 West Cypress Street Suite 820
Tampa, FL 33607

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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

ARTICLE V

The name and address of managers are:

Title: Manager


Kendall Almerico
4350 West Cypress Street Suite 820
Tampa, FL 33607

ARTICLE VI

The effective date for this Limited Liability Company shall be:

August 20, 2012

Signature of member or an authorized representative of a member:



Kendall A. Almerico
Registered Agent

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