

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Davis and Carlotte Manne)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



EFFECTIVE DATE

12/05/12--01015--016 **130.00

FILED

12 DEC -5 PM 1: 03

SECRETARY OF STATE

K.SALY EXAMINER DEC -6 2012

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Visaho	mes, LLC			
Name of Limited Liability Company				
The enclosed Articles of	Organization and fee(s) are	submitted for filing.		
Please return all correspondence	ndence concerning this mat	ter to the following:		
LaMont N	ixon			
**************************************		Name of Person		
Visahome	s, LLC			
		Firm/Company		
4542 Ashf	ord Drive			
		Address		
Winter Have	en, FL 33880			
City/State and Zip Code				
Inixon1029@	aol.com	or future annual report notification)		
	·	•		
For further information c	oncerning this matter, please	call:		
LaMont Nixon		at (863) 287-6704		
Name o	f Person	Area Code & Daytime Telep	hone Number	
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Ci Tallahassee, FL 32301	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	EFFECTE		
The name of the Limited Liability Company i	S: 17-30/2 DATE		
Visahomes, LLC			
(Must end with the words "Limited Lia	bility 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:		
4542 Ashford Drive	4542 Ashford Drive		
Winter Haven, FL 33880	Winter Haven, FL 33880		
business entity with an active Florida registration.) The name and the Florida street address of the	e registered agent are:		
LaMont Nixon	registered agent are:		
Nam	ne to T		
4542 Ashford Drive			
Florida street a	address (P.O. Box NOT acceptable)		
Winter Haven	riddress (P.O. Box NOT acceptable) FL 33880		
City, State, and Zip			
liability company at the place designated ir	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as		

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)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGR)	Name and Address:
"MGRM" = Managing Memb	ber
MGR	LaMont Nixon
	4542 Ashford Drive
	Winter Haven, FL 33880
MGR	Barry Grimes-Hardie
	4542 Ashford Drive
	Winter Haven, FL 33880
(Use attachment if necessary)	
	than the date of filing: 11/30/12 (OPTIONAL) must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	:
\a	Most Nicon

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.)

LaMont Nixon

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)