

06/04/2031

04:11

398 P. 0. 1/003

# L1300075729

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H13000115679 3)))



H130001156793ABCO

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
INTERNATIONAL VISIONARY GROUP LLC**

Certificate of Status		1
Certified Copy		0
Page Count		03
Estimated Charge		\$130.00

RECEIVED

13 MAY 23 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 MAY 23 AM 8:04

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 24 2013

H 13000115679

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

International Visionary Group 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:**10200 NW 25th St. Suite A100  
Miami, FL 33172**Mailing Address:**10200 NW 25th St. Suite A100  
Miami, FL 33172**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:

Jesus Castanon  
Name10200 NW 125 St  
Florida street address (P.O. Box **NOT** acceptable)  
Miami, FL 33172  
City, State, and ZipFILED  
2013 MAY 23 AM 8:04  
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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H 13000115679

H 13000115679

**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:**MGRM

Jesus Castanon  
 10200 NW 25th St. # Suite A-100  
 Miami, FL 33172

MGRM

Bonnie Kilpatrick  
 500 Gills Creek Parkway #1515  
 Columbia, SC 29209

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 23, 2013 (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:**Bonnie Kilpatrick

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.)

Bonnie Kilpatrick

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)

H 13000115679

FILED  
 2013 MAY 23 AM 8:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA