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Anderson (Requestor's Name)
(Requestor's Name) P. O - BOX 484 (Address)
(riddiess)
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# ARTICLES OF DRGANIZATION

**FOR** 

MEW VISIONS FLORIDA, LLC

#### **ARTICLE I - Name**

NEW

The name of the Limited Liability Company is: VISIONS FLORIDA, LLC

### **ARTICLE II - Address**

NAM

The mailing address and street address of the principal office of VISIONS FLORIDA, LLC is:

# **Principal Office Address:**

108 Louisiana Lane, Port Saint Joe, Florida 32456

## **Mailing Address:**

Post Office Box 484, Port Saint Joe, Florida 32457

# **ARTICLE III - REGISTERED AGENT**

The name and the street address of the registered agent are:

Ann E. Anderson, 108 Louisiana Lane, Port Saint Joe, Florida 32456

"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 t 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 605, Florida Statutes."

Ann E. Anderson, as Registered Agent for Visions Florida, LLC

#### **ARTICLE IV – AUTHORIZED MEMBERS**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address

**AMBR** 

DENNIS CAVALCANTI, 2284 Lagoon Drive, Dunedin, FL 34698

**AMBR** 

DOUGLAS ANDERSON, 108 Louisiana Lane, Port Saint Joe, FL 32456

#### ARTICLE V - EFFECTIVE DATE OF INCORPORATION

The Effective Date, (not the date of filing) is NOVEMBER 2, 2014.

### ARTICLE VI - MANAGEMENT OF VISIONS FLORIDA, LLC

Management of the company is vested in managers.

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF MEMBERS:

**DOUGLAS ANDERSON**