L15000032091

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(Address)

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TALLAHASSEE, FLORIDA

N. Gulligan FEB 23 2015

**COVER LETTER**

**TO:** ***Registration Section***
**Division of Corporations**

**SUBJECT:** Vision Works Construction & Remodeling company LLC.
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:

Marisol Cintron
Name of Person

Firm/Company

7507 Beach Blvd. Apt 2908
Address

Jacksonville, Florida - 32216
City/State and Zip Code

Mamasol1@Live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramon Mena at (850) 321-5752 (spanish)
Name of Person Area Code Daytime Telephone Number

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

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

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

Vision Works Construction and Remodeling Company 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:**
1447 Stone Rd Apt 81
Tallahasse Fla 32303

**Mailing Address:**
1447 Stone Rd Apt 81
~~Tallahassee~~ Florida
32303

**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.)

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TALLAHASSEE, FLORIDA

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

Marisol Cintron
Name

7507 Beach Blvd. Apt 2908
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32216
City Zip

*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 605, F.S..*

Marisol Cintron
Registered Agent's Signature (REQUIRED)

**(CONTINUED)**

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

| **Title:** "AMBR" = Authorized Member "MGR" = Manager | **Name and Address:** |
|---|---|
| AMBR | Marisol Cintron<br>7507 Beach blvd. Apt 2908<br>Jacksonville, Florida, 32216 |
| MGR | Ramon Mena Carvajal<br>1447 Stone Rd. Apt 81<br>Tallahassee, Florida, 32303 |
| AMBR | Audilio Artavia<br>1447 Stone Rd Apt 81<br>Tallahassee, Florida, 32303 |
| | |

(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.)**

**ARTICLE VI:** Other provisions, if any.

_____
_____
_____

**REQUIRED SIGNATURE:**

Marisol Cintron
**Signature of a member or an authorized representative of a member.**
(In accordance with section 605.0203 (1) (b), 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.)

Marisol Cintron Marisol Cintron
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)**

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