

LI 500 0078655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 30 2015 MAY 05 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2015

DAVE VOUTAS
4507 MAYFLOWER DR
NEW PORT RICHEY, FL 34652

SUBJECT: FLORIDA VISION BUILDERS, LLC
Ref. Number: W15000011505

We have received your document for FLORIDA VISION BUILDERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 915A00003273

Document 1

Transmittal Letter

February 2, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Limited Liability Company:
Florida Vision Builders, LLC

Enclosed is an original and one (1) copy of this application.

Enclosed are the fees for the following:

New Florida/Foreign LLC

| | |
|---------------------------------------|----------|
| Filing Fee (Required) | \$100.00 |
| Registered Agent Fee (Required) | \$ 25.00 |
| Total Fee For New Florida/Foreign LLC | \$125.00 |

A check totaling: \$125.00 is enclosed.

FROM:

Dave Voutas
Florida Vision Builders, LLC
4507 Mayflower Dr.
New Port Richey, FL 34652

Cell: 727 645-8952

Thank you



David Voutas

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA VISION BUILDERS "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:

Mailing Address:

4507 MAYFLOWER DR
NEW PORT RICHEY, FL
34652

SAME

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:

DAVID VOUTAS
Name

4507 MAYFLOWER DR
Florida street address (P.O. Box **NOT** acceptable)
NEW PORT RICHEY, FL 34652
City State 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

D. V. VOUTAS

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

| | |
|------------|----------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| <u>MGR</u> | <u>DAVID VOUTAS</u> |
| _____ | <u>4507 MAYFLOWER DR</u> |
| _____ | <u>NEW PORT RICHEY, FL</u> |
| _____ | <u>34652</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

DAVID VOUTAS

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.)

DAVID VOUTAS

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)