# L15000134899

•		
- (Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/s	State/Zip/Phone	<del>= #)</del>
PICK-UP	MAIT	MAIL
(Busin	ness Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
	•	
Special Instructions to Fil	ing Officer:	
		1
•		
11C-H	7484	
W15-4	′′′′/	

Office Use Only



100274605411

07/09/15--01016--007 \*\*160.00



141

### **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJE	Visionary TPA, Limited Liability Company
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Robert L. Marshall
	Name of Person
	Visionary TPA
	Firm/Company
	2101 61st Street West
	Address
	Bradenton, FL 34209
	City/State and Zip Code
	BMarshall@visionaryLLC.net  E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Robert L Marshall 941 737-1175
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
<b>]</b> \$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

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

# Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2015

ROBERT L MARSHALL 2101 61ST ST W BRADENTON, FL 34209

SUBJECT: VISIONARY LLC Ref. Number: W15000047484

We have received your document for VISIONARY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 615A00014835

APHONE.

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

15 AUG -4 PM 3: ;

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SECTION OF SHAPE

Visionary TPA, Limited Liability Company

(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:
2101 61st Street West	
Bradenton, FL 34209	

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:

John Swencki		
	Name	
2101 61st Street We	est	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Bradenton	FL	34209
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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



	TATE ATTION CONTRACTOR
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	John Swencki
Mor	2101 61st Street West
	Bradenton, FL 34209
AMBR	Robert L. Marshall
	2101 61st Street West
	Bradenton, FL 34209
AMBR	Scott B. Han, O.D.
	2101 61st Street West
	Bradenton, FL 34209
(Use attachment if necessary)	
EV: Effective date, if other than the date	of filing: (OPTIONAL)
ective date is listed, the date must be sp	ecific and cannot be more than five business days prior to or 90 da
of filing.)	
	neet the applicable statutory filing requirements, this date will not be
ment's effective date on the Department	of State's records.
E VI: Other provisions, if any.	
REOUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Robert L. Marshall

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)