

Sep 15 15:12:21p

Superbiz.com

15612422 18

L/500053859

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.

((H15000222035 3)))



H150002220353ABCU

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

5 SEP 15 PM 2:07

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : SUPERBIZ.COM, INC.
Account Number : 20070000160
Phone : (800) 494-3124
Fax Number : (305) 675-2811

FILED
SEP 15 2015
TALLAHASSEE, FLORIDA

15 SEP 15 PM 11:58

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.
FORT PIERCE VISION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SEP 16 2015

S. GILBERT

H15000222035 3

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

ARTICLE I NAME

The name of the Limited Liability Company is:

FORT PIERCE VISION LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

5100 OKEECHOBEE ROAD
FORT PIERCE, FLORIDA 34947

ARTICLE III REGISTERED AGENT

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

PHILIP C DESANTIS
341 SE 6TH AVENUE
POMPAHO BEACH, FLORIDA 33060

FILED
15 SEP 15 PM 11:58
CLERK OF DISTRICT COURT
PALM BEACH COUNTY
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 605, F.S.

X 

PHILIP C DESANTIS / Registered Agent's signature

H15000222035 3

H15000222035 3

PAGE 2 FORT PIERCE VISION LLC

ARTICLE IV

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

AUTHORIZED MEMBER

PHILIP C DESANTIS

5100 OKEECHOBEE ROAD

FORT PIERCE, FLORIDA 34947

AUTHORIZED MEMBER

PAUL DESANTIS

5100 OKEECHOBEE ROAD

FORT PIERCE, FLORIDA 34947

.....

X  _____
PHILIP C DESANTIS / Authorized Representative's signature

(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.)

H15000222035 3