

APR/14/2016/THU 12:27 PM

4/14/2016

FAX No.

Division of Corporations

L16000093083

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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16 APR 14 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO. GENERAL VISION LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 14 PM 2:21

TLH
4-15-16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

General Vision 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:7250 NW 114th AVE
APT 308 33178
Doral FLMailing Address:7250 NW 114th AVE
APT 308 33178
Doral FL

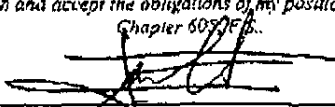
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

JOSE GUERRA
Name7250 NW 114th AVE APT 308
Florida street address (P.O. Box NOT acceptable)Doral FL 33178
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 607, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

APR 14 PM 2:21
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APR/14/2016/THU 12:27 PM

FAX No.

P. 003

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

Jose Gucciardo
7150 NW 11th Ave APT 308
33178 Doral FL

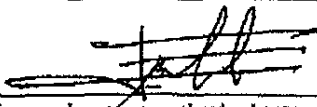
(Use attachment if necessary)

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:



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. (55, F.S.)

Typed or printed name of signer

SECRET
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