

L1700009993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

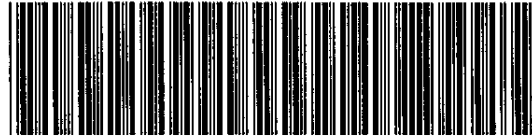
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS
MAY 08 2017



600298674746

05/05/17--01026--007 **125.00

FILED
17 MAY -5 PM 4:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

NEW FILING SECTION
DIVISION OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FL 32301
(850) 245-6052

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17 MAY -5 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern:

We are the owners of the current filing for New Vizion Media LLC on the Florida Secretary of State. The document number is # **L15000207450**. We will not be reinstating this entity / business registration and it will remain inactive/dissolved indefinitely.

We are requesting a new limited liability company business registration be filed using this business name and EIN. See details below.

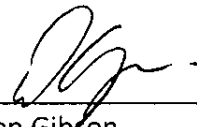
Business Name: New Vizion Media LLC
EIN: 81-0779589
Principal Address: 9727 Tranquility Lake Circle, Riverview, FL 33579
Mailing Address: PO BOX 634, Balm, FL 33503-0634

MGR's should be listed as follows:

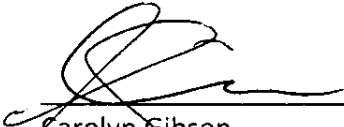
Deon Gibson
9727 Tranquility Lake Circle
Riverview, FL 33579

Carolyn Gibson
9727 Tranquility Lake Circle
Riverview, FL 33579

Thank you in advance. We look forward to your response.



Deon Gibson



Carolyn Gibson

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: NEW VIZION MEDIA 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:

CAROLYN GIBSON

Name of Person

Firm/Company

12358 STREAMBED DRIVE

Address

RIVERVIEW, FL 33579

City/State and Zip Code

CARRIEGIBSON84@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLYN GIBSON

813

898-4039

at ()

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEW VIZION MEDIA LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

9727 TRANQUILITY LAKE CIRCLE
RIVERVIEW, FL 33578

Mailing Address:

PO BOX 634
BALM, FL 33503-0634

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:

CAROLYN GIBSON

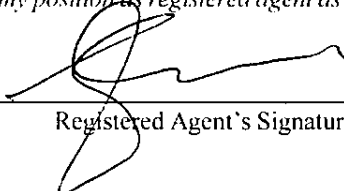
Name

9727 TRANQUILITY LAKE CIRCLE

Florida street address (P.O. Box **NOT** acceptable)

<u>RIVERVIEW</u>	<u>FL</u>	<u>33578</u>
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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

DEON GIBSON

PO BOX 634

BALM, FL 33503-0634

MGR

CAROLYN GIBSON

PO BOX 634

BALM, FL 33503-0634

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: IMMEDIATELY. (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:



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.

DEON GIBSON

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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DEPT OF STATE
TALLAHASSEE, FLORIDA