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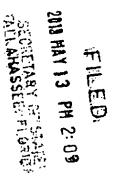
(Requestor's Name)
(Address)
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TELLE STATE OF A CRATION STALL ABASSIE, ILORIDA

J. FASON MAY 1 3 2019

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: VT Vision Realty & Investment Group 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:	
Merdis Tinnons	
Name of Person	
Firm/Company	
24 0 0 T	
3408 Brian Branch Trail	
Address	
City/State and Zip Code Vtvision realty @gmail. Com E-mail address: (to be used for future annual report notification)	
City/State and Zip Code	
* + realt Vtvision realty (a) gmail. com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Madistry 25 222 7020	
Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
	ee
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	tus &
Mailing Addrage Street Addrage	
Mailing Address New Filing Section Street Address New Filing Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RI	TCI	E I	- :	Na	me:
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The name of the Limited Liability Company is:

VT Vision Realty & Investment Group LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
3408 Briar Branch Trail	3408 Briar Branch Trail Tallahassee, Fl 32312

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 a	address of the regist	tered agen	t are:	
	Merdi			٧
		Nan	ne	
	3408	Bia	r Bra	nch Trail
	Florida street ad	dress (P.C), Box <u>NOT</u>	acceptable)
	Tallaha.	sec	FL	32312
	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 asprovided for in Chapter 605, F.S..

ogistered (gelt's Signature (REQUIRED)

(CONTINUED)

HAY 13 PH 2: 0

"AMBR" = Authorized Mem	
"MGR" = Manager M 6 R	Mardis Timmos
	3408 Briar Branch Trail Tallahassee, FL 32312
	MINASSEC, PL SESIE
	
	
(Use attachment if necessary)	
effective date is usted, the date	huse be specific and cannot be more than five business days prior to or 30 days a
te of filing.) If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not be list
te of filing.) If the date inserted in this block ocument's effective date on the D	does not meet the applicable statutory filing requirements, this date will not be liste epartment of State's records.
te of filing.) If the date inserted in this block cument's effective date on the D	does not meet the applicable statutory filing requirements, this date will not be liste epartment of State's records.
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te of filing.) If the date inserted in this block ocument's effective date on the D CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This docume 1 am aware the	at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.
te of filing.) If the date inserted in this block icument's effective date on the D CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This docume 1 am aware th	does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records. The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b). Florida Statutes, at any false information submitted in a document to the Department of State.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-