19001134/0

| (Requ | uestor's Name) | |
|----------------------------|-----------------|-------------|
| (Addi | ess) | |
| (Addı | ress) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | Mait | MAIL |
| (Busi | ness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | ling Officer: | |
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Office Use Only

JUN 0 7 2019

T. SCOTT



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COVER LETTER

| TO: New Filing Section Division of Corporations |
|---|
| SUBJECT: Envision Safety (LC 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: |
| Dary/ Brown Name of Person |
| Name of Person |
| Evision Safety Firm/Company |
| 1313 Gulf Stream Cir. # 104 Address |
| Brandon, Florida 33511 City/State and Zip Code envisions a fety 7760 gmail. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Dory Brown at (813) 255 9641 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address New Filing Section Division of Corporations Street Address New Filing Section Division of Corporations |

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | Envision Safeton the words "Limited Liability Compa | ty LL.C. |
|---|--|--|
| (Must co | ntain the words "Limited Liability Compa | my, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street | address of the principal office of the Lim | ited Liability Company is: |
| | ipal Office Address: | Mailing Address: |
| 1313 6.1F | stream (ircle #104 | SAME. |
| | | <u> </u> |
| ARTICLE III - Registered A The Limited Liability Compa | stream Circle # 104 F1, 33511 gent. Registered Office. & Registered Age ny cannot serve as its own Registered Age | agent's Signature: |
| ARTICLE III - Registered A The Limited Liability Compa another business entity with a | gent, Registered Office, & Registered A ny cannot serve as its own Registered Age n active Florida registration.) | agent's Signature: |
| ARTICLE III - Registered A The Limited Liability Compa another business entity with a | gent, Registered Office, & Registered A ny cannot serve as its own Registered Age n active Florida registration.) et address of the registered agent are: | sgent's Signature: nt. You must designate an individual or |
| ARTICLE III - Registered A The Limited Liability Compa another business entity with a | gent, Registered Office, & Registered A ny cannot serve as its own Registered Age n active Florida registration.) | sgent's Signature: nt. You must designate an individual or |
| ARTICLE III - Registered A The Limited Liability Compa another business entity with a | egent, Registered Office, & Registered Age ny cannot serve as its own Registered Age n active Florida registration.) et address of the registered agent are: Dary/ Brown Name | agent's Signature: nt. You must designate an individual or |
| ARTICLE III - Registered A The Limited Liability Compa another business entity with a | gent, Registered Office, & Registered A ny cannot serve as its own Registered Age n active Florida registration.) et address of the registered agent are: | agent's Signature: nt. You must designate an individual or |
| ARTICLE III - Registered A The Limited Liability Compa another business entity with a | gent, Registered Office, & Registered Any cannot serve as its own Registered Age in active Florida registration.) et address of the registered agent are: \[\text{Dary/Brown} \text{Name} \] 13 13 6 1 f 5 f Ram | rgent's Signature: nt. You must designate an individual or if # 104 Tacceptable) |

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)

| Title: "AMBR" = A "MGR" = Ma | Authorized Member anager | Name and Address: |
|---|--|---|
| M6 | R | Dary/ Brown Brown, LI 33511 |
| | | |
| (Use attachm | ent if necessary) | /// a |
| EV: Effective date is of filing.) f the date insertment's effections. | e date, if other than the d listed, the date must be rted in this block does no ve date on the Departme | specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be |
| EV: Effective date is of filing.) f the date insertment's effections. | e date, if other than the d listed, the date must be rted in this block does no | specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be |
| E V: Effective date is of filing.) f the date inserment's effecti | e date, if other than the d listed, the date must be rted in this block does no ve date on the Departme | specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be |

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)