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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

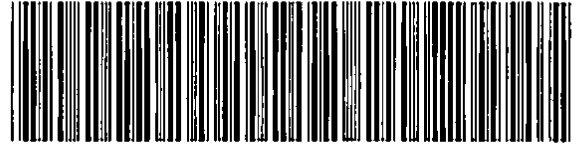
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ALL ASSETS

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N. SAMS

AUG 26 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2019

CORPNET INCORPORATION SERVICES
ATTN: DOCUMENT FULFILLMENT
WESTLAKE VILLAGE, CA 91361 US

SUBJECT: THE VISIONOP GROUP, LLC
Ref. Number: W19000070743

SECRETARY
-ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-05-2019 BY 60322
UCBAW

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We have received your document for THE VISIONOP GROUP, LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order for us to process your document, please sign where it states, "Signature on behalf of other Business Entity."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 019A00015911



Toll-Free: 1.888.449.2638

Email: info@CorpNet.com



Direct: 1.805.449.2638

www.CorpNet.com



July 17, 2019

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: The VisionOp Group, LLC

To whom it may concern:

The Enclosed Articles of Conversion and Articles of Incorporation and Fee(s) are submitted for filing and a request for a **certified copy**.

Also, please find enclosed a check for state filing fees in the amount of **\$180.00** made payable to the FL Dept of State. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addresses stamped envelope included.

Sincerely,

Amanda J. Beren, Sr. Document Analyst
CorpNet, Incorporated
888-449-2638 Ext. 105
filings@corpnet.com

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SECRETARY OF
TALLAHASSEE FL



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TALLAHASSEE, FLORIDA

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
The VisionOp Group, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Ohio
(Enter state, or if a non-U.S. entity, the name of the country)

on 07/24/2012
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

The VisionOp Group, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____.

(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 5/6 day of JULY 20 19.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Eva Lewandowski
Printed Name: Eva Lewandowski Title: Member

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Eva Lewandowski
Printed Name: Eva Lewandowski Title: Member

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The VisionOp Group, LLC

(Must contain 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:

19620 Charleston Circle
North Fort Myers, FL 33917

Mailing Address:

19620 Charleston Circle
North Fort Myers, FL 33917

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:

Registered Agents Inc.

Name

7901 4th St N, Ste 300

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

St. Petersburg

FL 33702

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 605, F.S..

Bill Hame

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FL 32399

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Eva Lewandowski

19620 Charleston Circle

North Fort Myers, FL 33917

AMBR

Charles Lobosco

19620 Charleston Circle

North Fort Myers, FL 33917

(Use attachment if necessary)

ARTICLE V: 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.

Eva Lewandowski

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 AUG 19 AM 9:30

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