

**LR000220497**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000270030 3)))



H190002700303ABCW

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mrobbins@shumaker.com

**FLORIDA LIMITED LIABILITY CO.  
MILLENNIUM VISION PARTNERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

6:17 PM 6-25-2019

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 SEP -9 PM 3:22

**FILED**

H19000270030 3

**ARTICLES OF ORGANIZATION  
OF  
MILLENNIUM VISION PARTNERS, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is **MILLENNIUM VISION PARTNERS, LLC.**

**ARTICLE II - Address:**

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

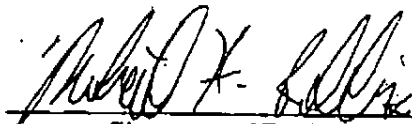
2105 W. Watrous Avenue  
Tampa, FL 33606

**ARTICLE III - Registered Agent and Office**

The name and the Florida street address of the registered agent are:

Michael H. Robbins  
101 E. Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

*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.*



**Signature of Registered Agent**

**FILED**  
2019 SEP -9 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FL

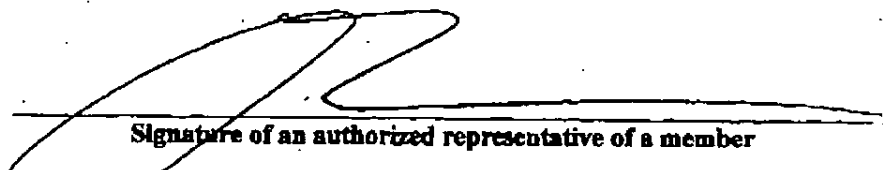
H19000270030 3

**ARTICLE IV - Management**

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

Title	Name and Address
MGR	Joe Colucci 2105 W. Watrous Avenue Tampa, FL 33606
MGR	Josh Rademacher 2105 W. Watrous Avenue Tampa, FL 33606

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 7 day of September 2019.



Signature of 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 section 817.155, Florida Statutes)

Joshua A. Rademacher  
Typed or printed name of signee