Division of Corporations -2-0000203637 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.

(((H20000236538 3)))



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 : (813)229-7600 Phone

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. **

mrobbins@shumaker.com Email Address:

FLORIDA LIMITED LIABILITY CO. CATALYST VISION PARTNERS, LLC

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

T. BURCH JUL 22 2020

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION

OF

CATALYST VISION PARTNERS, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is CATALYST 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

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	SECIRE FALLAH
MGR	Joe Colucci 2105 W. Watrous Avenue Tampa, FL 33606	ASSEE.
MGR	Josh Rademacher 2105 W. Watrous Avenue Tampa, FL 33606	AM 10: 09 OF STATE

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 μ day of July 2020.

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