# L21000002251

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# COVER LETTER

	W. 1.116			
SUBJECT:	Visuals LLC.			
	Name	of Limited Li	ibility Company	
The enclosed Articles	of Organization and fe	e(s) are submit	ted for filing.	
Please return all corres	spondence concerning	this matter to t	he following:	
Jaiden Rei	d			
-		Nank	of Person	
		Firm	Company	
7537 Live	Oak Drive	1 12161	Company	
		Λ	ddress	
Coral Spri	ngs.FL/32303			
Jaiden RBus	iness@gmail.com	City/State	and Zip Code	
		e used for futu	re annual report notifica	ution)
for further information of	concerning this matter.	please call:		
Jaiden Reic	I	954 at (	4220683	
Na	me of Person	Area Code	Daytime Telepho	ne Number
Enclosed is a check for	the following amount	:		
□\$125.00 Filing Fee	■\$130,00 Filing Certificate of Stat	Fee & □\$ us Cer	155.00 Filing Fee & tiffed Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
_	ing Address		Street Address	No. 2 constant
Divi	Filing Section son of Corporations		New Filing Section I The Centre of Tallal	nassee
	Box 6327 hassee, FL 32314		2415 N. Monroe Str Tallahassee, FL 323	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE 1 - Name:

The name of the Limited Liability Company is.

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SECRETA	STATE
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(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address: The mailing address and stree	et address of the principal o	ffice of the Limited	d Liability Company is:		
Principal Office Address:			Mailing Address:		
7537 Live Oak Drive		183	9 Devra Drive		
Coral Springs, FL.		Tall	Tallahassee, FL		
33065		<u>323</u>	03		
another business entity with a	any cannot serve as its own an active Florida registratio	Registered Agent. n.)	You must designate an individual or		
(The Limited Liability Companother business entity with	any cannot serve as its own an active Florida registratio	Registered Agent. n.)			
(The Limited Liability Companother business entity with	any cannot serve as its own an active Florida registratio cet address of the registered	Registered Agent. n.)			
(The Limited Liability Companother business entity with	any cannot serve as its own an active Florida registratio cet address of the registered	Registered Agent. n.) agent are: Name			
(The Limited Liability Companother business entity with	any cannot serve as its own an active Florida registratio eet address of the registered Jaiden Reid	Registered Agent. n.) agent are: Name	You must designate an individual or		
(The Limited Liability Compa	any cannot serve as its own an active Florida registratio eet address of the registered   Jaiden Reid  7537 Live Oak Drive	Registered Agent. n.) agent are: Name	You must designate an individual or		

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)

## ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Jaiden Alexander Reid 7537 Live Oak Drive Coral Springs, FL 33065
	SECF. 12. JAN
(Use attachment if necessary)	TI A
f an effective date is listed, the date must be see date of filing.)	tte of filing: <u>December 31 2020</u> (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed and of State's records.
RTICLE VI: Other provisions, if any.	it of state s records
REQUIRED SIGNATURE:	
This document is exec I am aware that any fal	nember or an authorized representative of a member, suted in accordance with section 605.0203 (1) (b), Florida Statutes, lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Jaiden Reid	
	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)

S 5.00 Certificate of Status (Optional)