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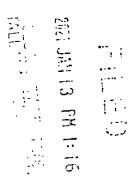
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T. SCOTT



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COVER LETTER

	iew Filing Sec Division of Co					
SURTECT		lty & Consulting, LLC				
Name of Limited Liability Company						
The enclos	sed Articles of	Organization and fee(s) are	submitted for filing.			
Please retu	ırn all correspo	ondence concerning this ma	tter to the following:			
	Lee Rosado					
			Name of Person			
	Vision Realt	y & Consulting, LLC				
			Firm/Company			
	12943 Bear	Paw Place				
			Address			
	Jacksonville	, Florida 32246				
	rosadolee81@		ity/State and Zip Code			
			for future annual report notificati	ion)		
For further i		neerning this matter, please		,		
	Lee Rosado	90 at (4 955-1969			
	Nam	 	rea Code Daytime Telephon	e Number		
Enclosed i	s a check for t	he following amount:				
□\$125.00) Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address New Filing Section			Street Address New Filing Section Di	ivision		

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

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabil	lity Company is:			
Vision Realty & Co	insulting LLC			
	itain the words "Limited	Liability Company, "I	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Limited L	iability Company is:	
Principal Office Address:			Mailing Add	lress:
12943 Bear Paw Place		12943	12943 Bear Paw Place	
Jacksonville, Florid			onville, Florida 32246	
The name and the Florida stree	t address of the registered Lee Rosado	d agent are:		
The name and the Florida stree	t address of the registered	d agent are:		
	Lee Rosado			
		Name		
	12943 Bear Paw Plac	ce		
	Florida street address (P.O. Box NOT acceptable)			
•	Jacksonville	Florida	32246	
	City	State	Zip	
laving been named as registered place designated in this certificat further agree to comply with the p am familiar with and accept the c	e, I hereby accept the app provisions of all statutes robbligations of my position	ointment as registered elating to the proper a	l agent and agree to ac nd complete performat provided for in Chapte	t in this capacity. I nce of my duties, and I

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
Manager	Noah Rosado
	12943 Bear Paw Place Jacksonville, Florida 32246
	Jackson vine. Florida 32240
	
(Use attachment if necessary)	
ADTICLEY, CO. Man death of the death of the	- CCU (ODTIONAL)
ARTICLE V: Effective date, if other than the date	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after
	secure and cannot be more than five business days prior to or 90 days after
the date of filing.) Note: If the date incerted in this block does not a	meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department	
the document's effective date on the Department	of state's records.
ARTICLE VI: Other provisions, if any.	
,	
1	7) 717
REQUIRED SIGNATURE:	ee Mosed
<u> </u>	1e Mosed
<u> </u>	
Signature of a m	ember or an authorized representative of a member.
This document is execu	ited in accordance with section 605.0203 (1) (b), Florida Statutes.
	e information submitted in a document to the Department of State
constitutes a third degre	te felony as provided for in s.817.155, F.S.
Lee Rosado	Typed or printed name of signee
	Typed of 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)