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| _ Certificates                          | s of Status  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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## COVER LETTER

|               | ew Filing Sectivision of Con |  |                |  |   |
|---------------|------------------------------|--|----------------|--|---|
| SUBJECT       | Envision L                   |  |                |  |   |
| SOBJECT       | .: <u></u>                   | Name of Lim                                  | ited Liabili   | y Company                                      |   |
| The enclos    | sed Articles of              | Organization and fee(s) are                  | submitted      | for filing.                                    |   |
| Please retu   | ım all correspo              | ondence concerning this ma                   | tter to the fe | ollowing:                                      |   |
|               | Loren T. And                 | derson                                       |                |  |   |
|               |                              |  | Name of        | Person   | <del></del>   |
|               | Envision LT                  | A, LLC                                       |                |  |   |
|               |                              |  | Firm/Cor       | npany  |   |
|               | 10874 Willia                 | nm Tell Dr.                                  |                |  |   |
|               |                              |  | Addre          | SS   |   |
|               | Orlando, Fl.                 | 32821  |                |  |   |
|               | Traci@access                 |  | ity/State and  | Zip Code                                       |   |
|               |                              | E-mail address: (to be used                  | for future a   | nual report notificati                         | on)   |
| For further i | nformation co                | ncerning this matter, please                 | call:          |  |   |
|               |                              |  |                | )  |   |
|               | Nam                          | e of Person Ar                               | 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 | Certifie       | .00 Filing Fee & d Copy I copy is enclosed)    | ☐\$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|               |                              | g Address                                    |                | Street Address                                 |   |
|               |                              | iling Section<br>on of Corporations          |                | New Filing Section Di<br>The Centre of Tallaha |   |
|               | P.O. B                       | ox 6327<br>assee, FL 32314                   |                | 2415 N. Monroe Stre<br>Tallahassee, FL 3230    |   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| he name of the Limited Liabilit  | ty Company is:  |  |  |  |  |
|--|---|--|--|--|--|
| Envision L T A, LLC  |   |  |  |  |  |
| (Must cont   | ain the words "Limited I  | Liability Company, "                     | L.L.C.," or "LLC.")                                  |  |  |
| RTICLE II - Address:<br>the mailing address and street a   | ddress of the principal o   | ffice of the Limited I                   | Liability Company is:                                |  |  |
| <u>Princip</u>   | al Office Address:  |  | Mailing Address:                                     |  |  |
| 10874 William Tell I   | Or.   | 10874                                    | William Tell Dr.                                     |  |  |
| Orlando, Fl. 32821   |   | Orlan                                    | Orlando, Fl. 32821                                   |  |  |
| RTICLE III - Registered Age  | cannot serve as its own   | Registered Agent. Y                      | l's Signature:<br>ou must designate an individual or |  |  |
| RTICLE III - Registered Age<br>The Limited Liability Company<br>nother business entity with an a | cannot serve as its own active Florida registratio  | Registered Agent. Y                      |  |  |  |
| RTICLE III - Registered Age  | cannot serve as its own active Florida registratio  | Registered Agent. Y                      |  |  |  |
| RTICLE III - Registered Age<br>The Limited Liability Company<br>nother business entity with an a | cannot serve as its own active Florida registratio  | Registered Agent. Y                      |  |  |  |
| RTICLE III - Registered Age<br>The Limited Liability Company<br>nother business entity with an a | cannot serve as its own<br>active Florida registratio<br>address of the registered                                  | Registered Agent. Y                      |  |  |  |
| RTICLE III - Registered Age<br>The Limited Liability Company<br>nother business entity with an a | cannot serve as its own<br>active Florida registratio<br>address of the registered                                  | Registered Agent. Yn.) l agent are:      |  |  |  |
| RTICLE III - Registered Age<br>The Limited Liability Company<br>nother business entity with an a | cannot serve as its own active Florida registratio address of the registered Loren T. Anderson                      | Registered Agent. Yn.) I agent are: Name | ou must designate an individual or                   |  |  |
| RTICLE III - Registered Age<br>The Limited Liability Company<br>nother business entity with an a | cannot serve as its own active Florida registratio address of the registered Loren T. Anderson 10874 William Tell I | Registered Agent. Yn.) I agent are: Name | ou 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)

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## 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   |   |                                  |
| MGR   | Loren T. Anderson   |                                  |
|   | 10874 William Tell Dr.  |                                  |
|   | Orlando, Fl. 32821  | ·                                |
|   |   |                                  |
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| (Use attachment if necessary)                                   |   | . 0.0                            |
| n effective date is listed, the date must l<br>date of filing.) | date of filing:  be specific and cannot be more than five busines  not meet the applicable statutory filing requirement of State's records. | ss days prior to or 90 days afte |
|   |   |                                  |
| TICLE VI: Other provisions, if any.                             | •   |                                  |
|   | · · · · · · · · · · · · · · · · · · ·   |                                  |
| <del>-</del>  |   |                                  |
|   |   |                                  |
|   |   |                                  |
| REQUIRED SIGNATURE:   |   | 1                                |
|   |   | L                                |
|   | - or  |                                  |
|   | a member or an authorized representative of a   |                                  |
|   | xecuted in accordance with section 605.0203 (1) (   |                                  |
| I am aware that any   | false information submitted in a document to the  | Department of State              |
| constitutes a third of  | egree felony as provided for in s.817.155, F.S.   |                                  |
|   |   |                                  |
| Loren T. Ar   | derson  | <del></del>                      |
|   | Typed or printed name of signee   |                                  |
|   | 21 1  |                                  |

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)