

# L96000001255

Requestor's Name

New Vision Technologies, L.C.  
4520 Havre Way  
Pensacola, Florida 32505

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **600001993346--8**  
-10/31/96--01131--002  
\*\*\*\*285.00 \*\*\*\*285.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
96 DEC -2 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

706  
789,524, 707,671  
W96-23381  
B. REGISTER NOV 4 1996

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

November 4, 1996

NEW VISION TECHNOLOGIES  
~~4520 GAYRE WAY~~ 4520 HAVRE WAY  
GEEBORGIA, FL 32505 PENSACOLA

SUBJECT: NEW VISION TECHNOLOGIES, L.C.  
Ref. Number: W96000023381

We have received your document for NEW VISION TECHNOLOGIES, L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

A LIMITED LIABILITY COMPANY MUST BE FILED PURSUANT TO CHAPTER 608, OF THE FLORIDA STATUTES.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6919.

Beth Register  
Corporate Specialist Supervisor

Letter Number: 096A00050627

**TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: NEW VISION TECHNOLOGIES, L.C.**

Enclosed is an original and one (1) copy of the articles of organization. A check in the amount of \$285.00 for filing fee and registered agent designation was sent on October 29, 1996.

**FROM: Betty Rutherford Carrier**

4520 Havre Way

Pensacola, FL 32505

(904) 433-9973

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NEW VISION TECHNOLOGIES, L.C.

**ARTICLE II - Address:**

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

4520 Havre Way, Pensacola, Florida 32505.

**ARTICLE III - Duration:**

This Limited Liability Company shall exist perpetually.

**ARTICLE IV - Management:**

This Limited Liability Company shall be managed by managers. The names and addresses of such managers who are to serve as managers are:

**Allen F. Wichtendahl, President, 4520 Havre Way, Pensacola, Florida 32505,**  
**and**  
**Betty Rutherford Carrier, Secretary/Treasurer, 4520 Havre Way, Pensacola,**  
**Florida 32505.**

**ARTICLE V - Admission of Additional Members:**

Additional members may be admitted to this Limited Liability Company upon the unanimous consent of its managers.

**ARTICLE VI - Members Rights to Continue Business:**

Upon the unanimous consent of the remaining members, this Limited Liability Company shall have the right to continue its business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member of this Limited Liability Company.

**FILED**  
96 DEC -2 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member of NEW VISION TECHNOLOGIES, L.C., deposes and says:

1. The above-named Limited Liability Company has at least two members.
2. The total amount of cash contributed by the members is \$ 5,000.00
3. The amount of cash anticipated to be contributed by members is \$ 395,000.00
4. The total amount of 2 and 3 is \$ 400,000.00

Betty Ruthford Carrier

Signature of a member or authorized representative of a member.  
(In accordance with Section 606.408(3), Florida Statutes, the  
execution of this affidavit constitutes an affirmation under the  
penalties of perjury that the facts stated herein are true.)

FILED  
96 DEC -2 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Limited Liability Company is:

**NEW VISION TECHNOLOGIES, L.C.**

2. The name and address of the registered agent and office is:

**Betty Rutherford Carrier  
4520 Havre Way  
Pensacola, FL 32505**

*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.*

*Betty Rutherford Carrier*  
Signature

*Nov. 27, 1986*  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 DEC -2 AM 9:46

FILED