

L99000001708

COVER LETTER

JASPER LAW

P.O. BOX 1124

SARASOTA

FL34230-1124

DEAR SIR/MADAM,

NAME: JASPER LAW

DAYTIME TEL: (941) 9260131

ADDRESS: P.O. BOX 1124

SARASOTA

FL 34230-1124

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAR 17 PM 1:59

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CHECK LIST

- ☒ APPLICATION FORM
- ☒ COVER LETTER
- ☒ CHECK OR MONEY ORDER
- ☒ ATTACHED SUPPORT INFORMATION

Jasper Law  
AUTHORIZATION BY PHONE TO  
CORRECT #4 on Affidavit  
DATE 3/25/99  
DOC. EXAM [Signature]

Name	Availability
Document Examiner	[Signature]
Updater	[Signature]
Updater Verifier	[Signature]
Acknowledgement	
P. Verifier	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: **EZVISIT.COM, L.L.C.**

## ARTICLE II - Address:

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

MAILING ADDRESS: **P.O. BOX 1124, SARASOTA, FL 34230-1124**

STREET ADDRESS: **3314 S. LOCKWOOD RIDGE, SARASOTA, FL 34239**

## ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: **PERPETUAL**

## ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

**JASPER LAW**  
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**SARASOTA**  
**FL 34230-1124**

## ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

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

The right, if given, of the remaining members of the limited liability company to continue the 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 in the limited liability company shall be:

#### ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of EZVISIT.COM, L.L.C.  
\_\_\_\_\_ certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 1000.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 3,100.00 ;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 6,100.00 .

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JASPER C. LAW

Typed or printed name of signee

VALUE OF PROPERTY OTHER THAN CASH CONTRIBUTED

1. SERVER (DELL POWEREDGE PENTIUM II) \$1100.00
2. WINDOWS 98 (DELL DIMENSION ) \$900.00
3. WINDOWS 98 (DELL LATITUDE LAPTOP) \$900.00
4. VTECH 2 LINE TELEPHONE \$200.00

TOTAL: \$3,100.00

**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 SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN  
THE STATE OF FLORIDA.

1. The name of the limited liability company is: EZVISIT.COM, L.L.C.

2. The name and the Florida street address of the registered agent are:

JASPER LAW

NAME

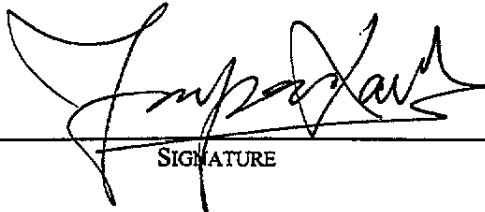
3314 S. LOCKWOOD RIDGE

Florida street address (P. O. Box NOT ACCEPTABLE)

FL 34239

CITY, STATE AND ZIP

*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.*



SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**