



L99000000

September 1<sup>st</sup>, 1999

8044

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

RE: VISCARD L.L.C.

500003024115--7  
-10/25/99--01106--020  
\*\*\*250.00 \*\*\*125.00

Dear Sir or Madam:

Enclosed please find the following documents in connection with the filing of the above referenced Limited Liability Company:

1. Original and Copy of Articles of Organization of VISCARD L.L.C.
2. Affidavit of Membership and contributions.
3. Check in the amount of two hundred and fifty dollars(\$250.00) representing the filing fees.

Please file these accordingly, and return a stamped copy of these document to our office in the stamped envelope provided. Thank you for your prompt attention to this matter.

Cordially,

Miriam L. Nunez

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 NOV 23 AM 9:46

FILED



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

November 3, 1999

MIRIAM L. NUNEZ  
VISWORLD INTERNATIONAL  
P.O. BOX 402984  
MIAMI BEACH, FL 33140-0984

SUBJECT: VISCARD L.L.C.  
Ref. Number: W99000025303

We have received your document for VISCARD L.L.C. and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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 (850) 487-6043.

Shawn Logan  
Document Specialist

Letter Number: 399A00053027

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99 NOV 23 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I: Name**

The name of the Limited Liability Company is: **VISCARD L.L.C.**

**ARTICLE II: Address**

The mailing address and street address of the principal office of the Limited Liability Company is **5333 Collins Ave. Suite 305, Miami Beach, Florida 33140.**

**ARTICLE III: Registered Agent, Registered Office, & Registered Agent's Signature:**

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

MIRIAM L. NUNEZ

Name

5333 COLLINS AVE. SUITE 305

Florida street address (P.O. Box Not acceptable)

MIAMI BEACH, FL 33140-0984

City, State, and Zip

Having been named 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 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 608, F.S.

[Signature]  
Registered Agent's Signature

**ARTICLE IV: Management (Check box if applicable)**

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)

[Signature]  
Signature of a member or an authorized representative of a member.

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

MIRIAM L. NUNEZ

Typed or printed name of signee

FILING FEES: \$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

FILED  
99 NOV 23 PM 9:16  
CLERK OF COURT  
MIAMI BEACH, FLORIDA