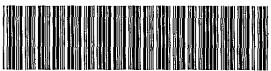
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	,
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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02/26/04--01003--024 **37.50

01/29/04--01039--002 **87.50

STATE OF THE STATE

1004-811

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 5, 2004

VICKIE G. BRADLEY 1616 W. CAPE CORAL PARKWAY #231 CAPE CORAL, FL 33914

SUBJECT: NEW LIFE VISION, LLC Ref. Number: W0400005030

We have received your document for NEW LIFE VISION, LLC and check(s) totaling \$87.50 of which \$87.50 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$37.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

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 (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 604A00007793

Division of Compositions D.O. DOV 6997 Tollohossos Florido 99914

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: New Cife Vision	W, CLC	
(Name of corpora	tion - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.	or Authorization to Transact E o register the above referenced	Business in Florida", d foreign corporation to
Please return all correspondence concerning this matt	ter to the following:	
VICILLE G.	Badley	
(Name	of Person)	-
New Cife	of Person) VISIUM, CLC Company)	
(Firm/C	Company)	<u> </u>
CAPE Coral, FL 3.	PARKUM #2	3/
(Ad	ldress)	
CAPIC CONN , FL 3	3914	
(City/Stat	e and Zip code)	
For further information concerning this matter, please	e call:	
VICIGO G. Badla at 239 (Name of Person) at (Are	1,549.915	ン農農
(Name of Person) (Are	a Code & Daytime Telephone	Number)
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	AH 8: 21 OF STAIC FLORIDA
409 E. Gaines St.	P.O. Box 6327	بد سو
Tallahassee, FL 32399	Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
□ \$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &
		Certified Copy

APPLICATION BY FOREIGN LIMITED L'IABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.50B, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. New Life Vision, LLC (Name of foreign limited liability company)
2. (Jurisdiction under the law of which foreign limited liability 3. 23 - 0424216 (FEI number, if applicable)
4. (Date of Organization) (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
(Date of Organization) — (Duration: Year limited liability company will cease to exist or "perpetual")
6. Oate first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7. [6 16 West Cape Corol PArkway #23] Cape Corol Fr 0/164, 33914 (Street address of principal office)
Come Carl Fr. Wida, 339/4
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here
o. It mande having company to a manager manager company, content in the content i
9. The name and usual business addresses of the managing members or managers are as follows:
1/1616 G. Baster 1616 W. Capelow Partly H237 CARCONETE
T.C. Brady 1816 W. Cape Cool Partly #23/ Egelal 3391
0 37914
DA: 28
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
,
Company
Y Wicke & Bradley
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)
Typed or printed name of signee
Typed or printed name of signee

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:	
	New Life VISION, LLC	
2.	The name and the Florida street address of the registered agent and office are:	
	Vicilie 6 Bradley	
	(Name) VICILITE 6. Bradley (Name) (晋四
	Florida street address (P.O. Box NOT ACCEPTABLE)	
	Come Cord FI 33914 (City/State/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 as provided for in Chapter 608, F.S.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



LIMITED-LIABILITY COMPANY CHARTER

I, DEAN HELLER, the Nevada Secretary of State, do hereby certify that **NEW LIFE VISION, LLC** did on **November 21, 2003**, file in this office the Articles of Organization for a Limited-Liability Company, that said Articles are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain the provisions required by the laws governing Limited-Liability Companies in the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office in Las Vegas, Nevada, on **November 21, 2003.**

DEAN HELLER Secretary of State

Certification Clerk