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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

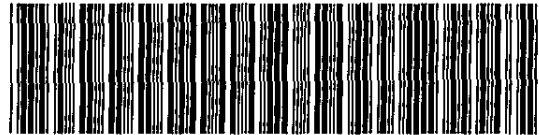
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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**HINES NORMAN HINES, P.L.**

ATTORNEYS AT LAW

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(813) 251-8659  
Fax (813) 254-6153

OFFICES IN:

TAMPA  
SUN CITY CENTER  
LAND O'LAKE  
PLANT CITY

March 31, 2005

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: **Visionary I Solutions, LLC**

Dear Sir or Madam:

Enclosed please find a Certificate of Designation of Registered Agent/Registered Office and Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above-captioned limited liability company and our check in the amount of \$125.00 to cover the cost of the following:

Filing Fee	\$100.00
Registered Agent Fee	<u>25.00</u>
	\$125.00

We have also enclosed a certificate of good standing from the State of Delaware for Visionary I Solutions, LLC. Please file the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, date stamp the enclosed copy and return it to our office. Thank you for your assistance.

Very truly yours,



Christopher H. Norman

CHN:jcr  
Enclosures

CS/SP-6  
MAY 11 2005  
STATE  
OF FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Visionary I Solutions, LLC  
(Name of Foreign Limited Liability Company)
2. Delaware 3. 20-2436313  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)
4. 2/15/2005 5. perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 3001 W. Swann Avenue  
Tampa, Florida 33609  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

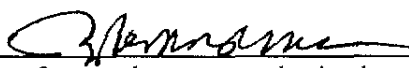
9. The name and usual business addresses of the managing members or managers are as follows:

Steven L. Maskin, 3001 W. Swann Avenue, Tampa, Florida 33609

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SECRETARY OF STATE  
TAMPA, FLORIDA

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: To engage in the business  
of production and marketing of visionary products and related services.

  
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.)

Christopher H. Norman, Esq.

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:

Visionary I Solutions, LLC

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

James P. Hines, Esq.

(Name)

315 South Hyde Park Avenue

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

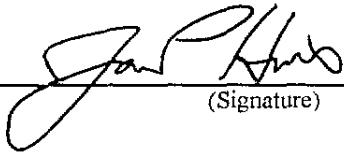
Tampa

FL

33606

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, Florida Statutes.*

  
(Signature)

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STATE  
CRIDA

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

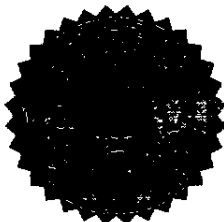
# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VISIONARY I SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF MARCH, A.D. 2005.

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TALLAHASSEE FLORIDA



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 3719897

DATE: 03-03-05