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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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B. BOSTICK

JUL - 7 2011

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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: VisionQuest Production	ns, LLC	
Nam	ne of Limited Liability Company	
The enclosed "Application by Foreign Limited Liabi Existence, and check are submitted to register the ab	ility Company for Authorization to Transact Business in Florida love referenced foreign limited liability company to transact bus	," Certificate of iness in Florida
Please return all correspondence concerning this man	tter to the following:	
Lagary Relford		
	Name of Person	
VisionQuest Productions,	LLC	
	Firm/Company	
3780 Tampa Rd. Suite #	201	
	Address	
Oldsmar, FL 34677		
	City/State and Zip Code	
trvtalk@yahoo.com		-
E-mail address: (to	be used for future annual report notification)	
For further information concerning this matter, pleas	e call: 무슨 기계	
Lagary Relford	at (813) 321-5304	- CJ
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount	nt:	
\$125.00 Filing Fee \$130.00 Filing Fe		

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

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

	311112 01 (BO102)1.	
Name of Foreign Limited Liability Company; must include	de "I imited Lighility Company" "I. I. C. " or "I. I. C.")	
VisionQuest Publishing Tec		
If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of th	
Wyoming 3 (Jurisdiction under the law of which foreign limited liability	38-3846307 (FEI number, if applicable)	_
company is organized)	(t El number, il approuble)	
1. 04/29/2011 (Date of Organization) 5	perpetual (Duration: Year limited liability company will cease to exist or "perpetual"))
Have not yet transacted business in Flo (Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orida ida, if prior to registration.)	_
7. 3780 Tampa Rd. Suite #201		_
Oldsmar, FL 34677		_
(Street Address of	f Principal Office)	
B. If limited liability company is a manager-managed	company, check here 🗸	
O. The name and usual business addresses of the mana	ging members or managers are as follows:	
Lagary Relford 3780 Tampa Rd. Suite #20	1 Oldsmar, FL 34677	_
		1 P
· · · · · · · · · · · · · · · · · · ·		
 Attached is an original certificate of existence, no more than 90 date jurisdiction under the law of which it is organized. (A photocopy ranslation of the certificate under oath of the translator must be subm 	is not acceptable. If the certificate is in a foreign language, a	
1. Nature of business or purposes to be conducted or	promoted in Florida:	_
Technical/Office Support/Publishing Servi	ces, and E-Commerce	
Signature of a member or an auti	notized representative of a member.	
(In accordance with section 608.408(3), F.S., the execu penalties of perjury that the facts stated herein are true	vion of this document constitutes an affirmation under the . I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.)	
Lagary Relford	anna degree relong as provided for in s.o. (1.155, F.S.)	

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 Comp	pany is:	
VisionQuest Productions, LLC	<u> </u>	····
If unavailable, the alternate to be used in the		
VisionQuest Publish	ring Technologies, Li	<u>.C</u>
2. The name and the Florida street address	of the registered agent and office are:	
IncSmart.blz Inc	IncSmart Florida	Inc,
4865 47th Place		_
Florida Street Add	fress (P.O. Box NOT ACCEPTABLE)	-
Vero Beach	FL 32967 City/State/Zip	
Having been named as registered agent and to liability company at the place designated in the agent and agree to act in this capacity. I further relating to the proper and complete performant obligations of my position as registered agent (Signal)	his certificate, I hereby accept the appoint her agree to comply with the provisions of nce of my duties, and I am familiar with a t as provided for in Chapter 608, Florida S	ment as registered fall statutes and accept the Statutes
\$ 100.00 \$ 25.00	Filing Fee for Application Designation of Registered Agent	MININ III
\$ 30.00 \$ 5.00	Certified Copy (optional) Certificate of Status (optional)	DM GI

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

VisionQuest Publications, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 29, 2011**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2011-000600687**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of June, 2011 at 8:30 AM. This certificate is assigned 010232114.



Mat Massielle Secretary of State

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Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Man	aging		
Members of VISION Quest Productions, Lh. (Name of Limited Liability Company)	<u>C</u>	د.	
a limited liability company duly organized and existing under the laws of			
(State or Country of Organization)			
Because the name of this foreign limited liability company does not satisfy the	ıe		
requirements of the s. 608.406, F.S., the limited liability company hereby add	pts the		
following name to transact business in the state of Florida:			
(Name to be used by limited liability company in Florida. NONE. Name must end with Limited Liabil Company, L.L.C., or LLC.)	LLC ity	ڔ	
Date: $06/29/2011$			
Signature(s) of Manager(s) and/or Managing Member(s):			
Tagary Volland			
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			- A
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June 24, 2011

LAGARY RELFORD 3780 TAMPA ROAD SUITE 201 OLDSMAR, FL 34677

SUBJECT: VISIONQUEST PRODUCTIONS, LLC

Ref. Number: W11000034130

We have received your document for VISIONQUEST PRODUCTIONS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L04000068960,

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6028.

Barbara Bostick Regulatory Specialist II

www.sunbiz.org

Letter Number: 911A00015359