Migoo	203703
(Requestor's Name) (Address)	
(Address)	900236907549
(City/State/Zip/Phone #)	
(Business Entity Name)	06/28/1201022018 **155.00
(Document Number)	
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### **COVER LETTER**

TO: Registration Section Division of Corporations

# SUBJECT: DataVision, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

./

Keri-Ann Kreyssig

Name of Person

Lisa & Sousa, Ltd.

Firm/Company

5 Benefit Street

Address

Providence, RI 02904

City/State and Zip Code

X@ datavision1.com E-mail address: (to be used for future annual report notification) Cind

For further information concerning this matter, please call:

Keri-Ann @ Lisa & Sousa,	Ltd <sub>at (</sub> 401	, 274-0600
Name of Person	Area Code & Daytime	Telephone Number
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
Registration Section	Registration Section	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circ Tallahassee, FL 32301	cle
Enclosed is a check for the following amo	ount:	
\$125.00 Filing Fee \$130.00 Filing Certificate of S	Fee & Sister Signature Status Certified Copy	& \$160.00 Filing Fee, Certificate of Status & Certified Copy

## 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:

#### 1 DataVision, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")

2. Rhode Island

3. 81-0618028

(FEI number, if applicable)

۹.

4. June 3, 2003

company is organized)

(Date of Organization)

(Jurisdiction under the law of which foreign limited liability

### 5. Perpetual (Duration: Year limited liability company will cease to

exist or "perpetual")

5. N/A		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	UN 2
7. 15 Adelaide Av	/enue	SEE <b>8</b>
Bristol, RI 0280		
	(Street Address of Principal Office)	RIDE

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:

Cynthia J. Xifaras, Trustee of the Cynthia J. Xifaras Declaration of Trust u/t/d 3/4/03

97 Vivante Boulevard, Unit 9729

Punta Gorda, FL 33950

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:

Computer based multimedia services and any other lawful purpose

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 1 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Cynthia J. Xilaras, Trustee of the Cynthia J. Xifaras Deciaration of Trust uNd 3/4/03 - Member

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:

# DataVision, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are: Cynthia J. Xifaras (Name)

97 Vivante Boulevard, Unit 9729 Florida Street Address (P.O. Box NOT ACCEPTABLE) Punta Gorda FL 33950

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.

Signati

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



State of Rhode Island and Providence Plantations A. Ralph Mollis Secretary of State

Certification Number: 12062702970

The office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

# DataVision, LLC

a Rhode Island limited liability company, filed original articles of organization in this office on

June 03, 2003

Effective

June 03, 2003

IT IS FURTHER CERTIFIED that as of this date said limited liability company is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED ON

Monday, June 11, 2012

A. ' Cope Aseeio Secretary of State

Authorized Agent

