W68000000480

TRANSMITTAL LETTER

CUBICA	1/:	ciau-/	ink us	A 110			
SUBJECT		(Na	me of corporation	on - must include suffix)		-
			<u>-</u>				
"Certificate	of Existent	ce", and check a	Corporation for re submitted to r	Authorization to Transe egister the above refere	act Business inced foreign	in Florida", corporation t	0
Please return	n all corres				-05/1	5/980111	'88 9001 **214.50
			(Name of	Person)	 .	-	•
	l	1,5,100	- LINK	<u>-</u>	sus		
		<u></u>	(Firm/Co	mpany)	ن د د د د د د د د د د د د د د د د د د د		278-1
	100	05 SH	THE Rd	84 Suite	1880	05/07/98 *****131.25	****13
			(*	.000)		Action and	
		7 Lau	dandple	H 33	315		
	<u>•</u>		(City/Sta	ate/Zip)			
-			_			98 SEC	
M. L.	Alen	tive.	at (954	525-4	143	ALIAN ALIAN	I
(Na	ame of Per	son)	(Area	. Code & Daytime Tele	phone Numb	EF, FL	FILED
SOURIER COURTER	ADDRES	S:		MAILING ADDRE	SS:	ATE ATE	
				-			
Pivision of 409 E. Gain	Corporatio	ns		•	ions		
	.FL-32 \$99)	=		14		
					•	214.50	5
	C				R. AGENT	EEE .	
edgemen t	DCC	5	98000	084000	T3:31		
erify er	DCC				U-ALANCE	DUE	
	SUBJECT: Dear Sir or The enclose "Certificate transact bus Please return (Na COURTER Qualification Pivision of 409 E. Gain Tallahassec,	Division of Co SUBJECT: Dear Sir or Madam: The enclosed "Applicat" Certificate of Existent transact business in Flo Please return all correst (Name of Personal Country of Cou	Division of Corporations SUBJECT: //S/ON-/ (Na Dear Sir or Madam: The enclosed "Application by Foreign "Certificate of Existence", and check a transact business in Florida. Please return all correspondence concer One (Name of Person) COURTER ADDRESS: Qualification/Tax Lien Section Pivision of Corporations 409 E. Gaine St. Tallahassec, FL 32 399 Colored Corporations Colored Colored Corporations Colored Colored Colored Colored Corporations Colored Colored Colored Colored Colored Colored Colored Colored Colored	Division of Corporations SUBJECT: //S/ON-L/NK //S (Name of corporation) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to retransact business in Florida. Please return all correspondence concerning this matter DAN Hack (Name of (Name of (Add (Add (City/State (Name of Person) (Area (Area (Course (Area (Course (Area (Course (Area (Course (Area (Area	Division of Corporations SUBJECT: V/S/ON-L/NK USA, LLC. (Name of corporation - must include suffix Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transs "Certificate of Existence", and check are submitted to register the above refere transact business in Florida. Please return all correspondence concerning this matter to the following: Single Company (Name of Person) VISION - LINK (Firm/Company) 1005 SHAP Rd 84 Suffer (Address) Halland St. (City/State/Zip) Should you need to call someone concerning this matter, please call: (Name of Person) (Area Code & Daytime Tele COURTER ADDRESS: MAILING ADDRE Synalification/Tax Lien Section Pivision of Corporations Qualification/Tax Lien Section Pivision of Corporations Qualification/Tax Lien Section Pivision of Corporations Qualification/Tax Lien Section Pol Box 6327 Tallahassee, FL 323 Control Corporations Qualification/Tax Lien Section Pol Box 6327 Tallahassee, FL 323	Division of Corporations SUBJECT: VISION - LINK USA LC. (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business "Certificate of Existence", and check are submitted to register the above referenced foreign transact business in Florida. Please return all correspondence concerning this matter to the following: CDC1012 - 155/1 DAN HCKS (Name of Person) VISION - LINK (Firm/Company) LOOS SHAPE AS 44 SUFF PUSA - 100/10 (City/State/Zip) Should you need to call someone concerning this matter, please call: M. L. J. Alambive. at 954 Suffer Pusa - 143 (Area Code & Daytime Telephone Numb (Name of Person) (Area Code & Daytime Telephone Numb COUNTER ADDRESS: Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32314 C. COPYL TIME R. AGENT R. BARK. BARK. M. BARK. M. M. ANCE	Division of Corporations SUBJECT: VISION - LINK USA LC (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: DAN HICKS

340010008PC



Vision-Link USA, LLC DBA Vision-Link 1005 State Road, 84 Suite 105, Ft. Lauderdale FL 33315

To: <u>Diane Dishira</u> Phone No: Fax No:	DATE: 5/3 PAGES: (Including Fex Cover Sheet)
FROM: M.L. "Mick" Valentine William E. "Bill" Hicks	E:W98000010045
1. Phone No: (954) 525-4143 2. Fax No: (954) 463-2216 3. Tech Support: (915) 570-84 vision-link@vision-link subject: Not form Bol, of the Comments: Amks —	6 443
B. hedit #131.25 Gulosed 2450 Bol. M	Coll Collait BSAF. Thork you Nile O.

The information contained in this facsimile message is intended for the use of the individual to whom it is addressed and may contain information that is privileged and confidential. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephoning collect at 1-954-525-4143 or fax 1-954-463-2216.

Deus Primos



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 5, 1998

DAN HICKS VISION-LINK 1005 STATE ROAD 84, SUITE 105 FT LAUDERDALE, FL 33315

SUBJECT: VISION LINK USA, LLC Ref. Number: W98000010045

We have received your document for VISION LINK USA, LLC and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective April 23, 1997, the fees to qualify a foreign limited liability company total \$285.00 and breakdown as follows: \$250.00 filing fee for the application and affidavit and \$35 registered agent designation fee. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

You have completed the wrong application. Please complete the attached 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) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 598A00024565

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:

. VisiON-LINK USI	A, LLC
(Name of foreign limited liability company must so contained in the name at present.)	end with the words "limited company" or their abbreviation "L.C." if not
2. NOVADA (Jurisdiction under the law of which foreign limit	3. 65 - 08 33 7 63
company is organized)	30 years
4. (Date of Organization)	(Duration: Year limited liability company (1) ease to exist or "perpetual")
6. Upon QualificA	アナー・アート
(Date first/transacted business in	ld 84 Suite 105 = 0
A LAUDERDA	LE, P. 33315 3
`	treet address of principal office)
 List name, title, and business address of e will manage the foreign limited liability 	each managing member[MGRM] or manager[MGR]who company in Florida: (attach additional page if necessary)
NAME & ADDRESS:	TITLE: NAME & ADDRESS: TITLE:
M.L. VAlentine	PRESIDIT W.E. Hicks, JR. TRASSURER
6216 Scott Loke Rd	2 1 pl. land A 33813
[Akelond, M. 338]	3 (An) T. Hicks Vice President
	6716 Soutt Loke Rid men
	LAlebord, M. 338L3
· · · · · · · · · · · · · · · · · · ·	
,	

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of
VISION-LINK USA LLC deposes and says:
1) the above named limited liability company has at least two members
oe .
2) the total amount of cash contributed by the member(s) is
3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.
4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above.
ATT OF COLUMN
5) the total amount of cash or property anticipated to be contributed by member(s) is \$ 1000.
My Whentie M.L. Walentine, Mesila
Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Fee: \$250.00 for Application and Affidavit

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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \[\langle \		
2. The name and address of the registered agent and office is: Michael Li Malentine (Name) (Name) (P.O. Box or Mail Drop Box NOT ACCEPTABLE) LAKELAND, M. 338/3	98 NAY 15 AN 8:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	FILED
(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.

Mikold 1/98

(Signature)

3/12/98

Filing Fee: \$ 35 for Designation of Registered Agent



LIMITED-LIABILITY COMPANY CHARTER

I, DEAN HELLER, the Nevada Secretary of State, do hereby certify that VISION-LINK USA, LLC did on April 14,1998, 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.

By

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office in Carson City, Nevada, on April 14, 1998.

Secretary of State

Certification Clerk

•

