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**EXAMINER** 



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SECRETARY OF STATE
DIVISION OF CORPORATION

# COVER LETTER

Division of	Corporations	
SUBJECT:	VINCI	ENTERPRISES, LLC
	**····································	ted Liability Company
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.
Please return all corre	espondence concerning this ma	tter to the following:
<u></u>		GUY VINCI
		Name of Person
	VINCI E	ENTERPRISES, LLC
		Firm/Company
	316	0 UTAH DRIVE
		Address
	DEL	.TONA, FL 32738
<del> </del>	Ci	ty/State and Zip Code
	VUIII	NC@CFL.RR.COM for future annual report notification)
For further information	on concerning this matter, pleas	•
	DBIN VINCI	at (386)218-5929
Nan	ne of Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$125.00 Filing Fee	_	Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee & Certificate of State Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	ny is:		
	RPRISES, LLC d Liability Company," "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited	Liability Company is:	
Principal Office Address:	Mailing Address:		
3160 UTAH DRIVE DELTONA, FL 32738	3160 UTAH DRIVE DELTONA, FL 32738	-	
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	n Registered Agent. You must designate an ind		
	GUY VINCI  Name  3160 UTAH DRIVE  Florida street address (P.O. Box NOT acceptable)		
3160 ሀ			
DELTONA, FL 32	738 FL State, and Zip	PH IZ: 07	
Having been named as registered agent at liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comple accept the obligations of my position as	ed in this certificate, I hereby accept apacity. I further agree to comply wi lete performance of my duties, and I d	the appointment as ith the provisions of all am familiar with and	

(CONTINUED)

### Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	GUY VINCI
	3160 UTAH DRIVE
	DELTONA, FL 32738
MGR	ROBIN VINCI
<del></del>	3160 UTAH DRIVE
	DELTONA, FL 32738
(Use attachment if necessary)	<del>.</del>
(Ose attachment if necessary)	
	he date of filing: <u>JANUARY 15, 2010</u> . (OPTIONAL) be specific and cannot be more than five business days price
REQUIRED SIGNATURE:	
Signature of a mem	ber or an authorized representative of a member.
(In accordance with a of this document contact the facts stated by	section 608.408(3), Florida Statutes, the execution nstitutes an affirmation under the penalties of perjury herein are true.)
	ROBIN VINCI
<del></del> ;	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)