

L13000076310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

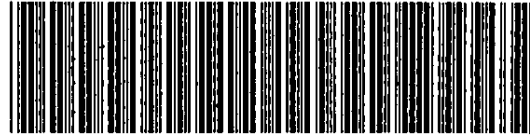
(Document Number)

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

Special Instructions to Filing Officer:

**MAY 24 2013**  
**S. TONER**

Office Use Only



000247639970

05/24/13--01004--007 \*\*51.25

05/07/13--01017--004 \*\*78.75

FILED  
13 MAY 24 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~W13-27284~~



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2013

HAMID SHAHSAHEBI  
5001 SW 20TH STREET  
UNIT 2004  
OCALA, FL 34474

SUBJECT: VIRTUAL TECH ASSIST LLC  
Ref. Number: W13000027284

We have received your document for VIRTUAL TECH ASSIST LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appear that this entity would like to register as a LIMITED LIABILITY COMPANY. The form filled out is for a PROFIT INCORPORATION. Included for you convenience, is a blank LLC form. Please be aware that there is a difference in the filing fee amount; so please send a check or money order to cover the difference.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 913A00011407

## **Virtual Tech Assist LLC**

May 17, 2013

Florida Department of State

Division of Corporations

Subject: Virtual Tech Assist LLC

Ref.: W13000027284

Per your letter instructions; I have enclosed the correct form. Also another check for the amount of \$51.25 is included. Thank you for your help.

Regards,

Hamid Shahsahebi

352-615-3125

(850) 245-6051.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Virtual Tech Assist LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Hamid Shahsahebi**

Name of Person

**Virtual Tech Assist LLC**

Firm/Company

**5001 SW 20th St Unit 2004**

Address

**Ocala, FL 34474**

City/State and Zip Code

**babajan@sbcglobal.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Hamid Shahsahebi**

Name of Person

at **352 615-3125**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Virtual Tech Assist LLC

(Must end with the words "Limited 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:**

5001 SW 20th st unit 2004

5001 SW 20th st unit 2004

Ocala, FL 34474

Ocala, FL 34474

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Hamid shahsahebi

Name

5001 SW 20th Street unit 2004

Florida street address (P.O. Box **NOT** acceptable)

Ocala, FL 34474

FL

City, State, and Zip

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

<u>MGR</u>	Hamid Shahsahebi
	5001 SW 20th St unit 2004
	Ocala, FL 34474

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I 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.)

Hamid Shahsahebi  
\_\_\_\_\_  
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)