

L14 000 107245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

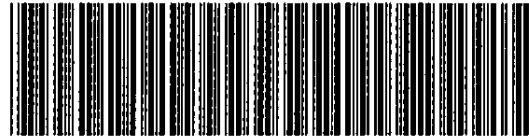
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL -7 PM 4:44

JUL 07 2014
J. HARRIS

NEEDS UNLIMITED LLC

2006 SW CERTOSA RD
PORT ST LUCIE, FL. 34953
772 215 6040

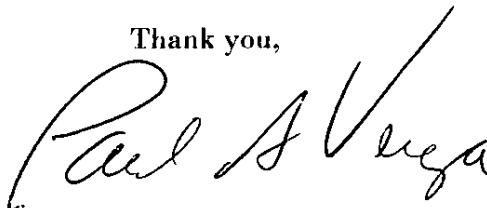
State of Florida,

Attached with this letter are our filings for an LLC company and a check for the fees.
All contact information is listed below.

Paul A. Verga
2006 SW Certosa Rd.
Port St. Lucie, Fl. 34953
Phone: 772 215 6040

Richard Grande
367 NE Midfield Ln.
Port St. Lucie, Fl. 34983
Phone 772 370 0269

Thank you,

A handwritten signature in black ink that reads "Paul A. Verga". The signature is fluid and cursive, with the first name "Paul" being the most prominent.

Paul A. Verga

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Needs Unlimited 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:

Paul A. Verga
Name of Person

Needs Unlimited LLC
Firm/Company

2006 SW Certosa Rd
Address

Port St Lucie, Florida 34953
City/State and Zip Code

virfl@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul A. Verga at (772) 215-6040
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

Needs Unlimited 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:

Paul A. Verga
2006 SW Certosa Rd.
Port St Lucie, FL 34953

Paul A. Verga
2006 SW Certosa Rd.
Port St Lucie, FL 34953

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.)

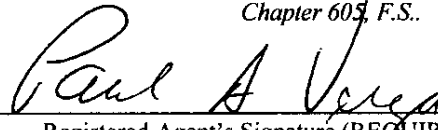
The name and the Florida street address of the registered agent are:

Paul A. Verga
Name

2006 SW Certosa Rd.
Florida street address (P.O. Box **NOT** acceptable)

Port St. Lucie FL 34953
City 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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Paul A. Verga

2006 SW Certosa Rd.

Port St. Lucie, Fl. 34953

Richard Grande

367 NE Midfield Lane

Port St. Lucie, Fl. 34983

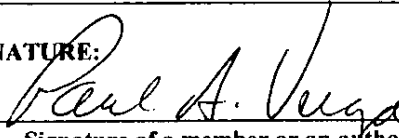
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), 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.)

Paul A. Verga

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)