

L17000118540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

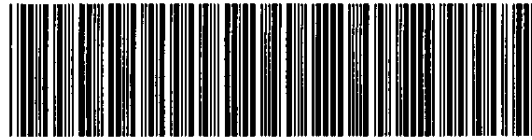
(Business Entity Name)

(Document Number)

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05/11/17--01017--011 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 MAY 11 AM 10:26

FILED

*A 06/11/17  
re 5/12/17*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2017

CARLITO G. FLORES, E.A.  
C.G. FLORES & RAY G FLORES, CPA  
809 BEVERLY PARKWAY  
PENSACOLA, FL 32505

SUBJECT: 10176 VIXEN LLC  
Ref. Number: W17000040955

We have received your document for 10176 VIXEN LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Document on 05/11/17.

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) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 117A00009554

COVER LETTER

TO: Registration Section  
Department of Corporations

SUBJECT: 10176 VIXEN LLC

The enclosed Articles of Organization and fee/fees are submitted for filing  
Please Return all correspondence concerning this matter to the following:

CARLITO G. FLORES, E.A.

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Name of Person

C.G. FLORES & RAY G FLORES, CPA

---

Firm Company

809 BEVERLY PARKWAY

---

Address

PENSACOLA, FLORIDA 32505

---

City/State and Zip Code

FACTNG @ AOL.COM

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

For further information concerning this matter, please call  
CARLITO G. FLORES at (850) 435-6845

Enclosed is a check for the following amount  
**\$130.00** Filing Fee & Certificate of Status.

ARTICLES OF ORGANIZATION  
OF  
10176 VIXEN LLC

**ARTICLE I. - Name**

The name of the Limited Liability Company is:

10176 VIXEN LLC

**Article II - Address:**

The mailing address and principal office the Limited Liability Company is:

1601 Spalding Circle  
PENSACOLA, FLORIDA 32514

**ARTICLE III - Registered Agent Name and Address is:**

Terri Marshall  
1601 Spalding Circle  
PENSACOLA, FLORIDA 32514

*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.*

  
\_\_\_\_\_  
Terri Marshall

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**ARTICLE IV -**

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

**Title**

**Name and Address:**

MGR- Manager/Director

Joseph L. Marshall  
1601 Spalding Circle  
Pensacola, Florida 32514

MGR: Manager/Director Terri Marshall  
1601 Spalding Circle  
Pensacola, Florida 32514

**ARTICLE V: Effective Date:**

Date of filing: ~~APRIL 1, 2017~~ *after* OR WITHIN FIVE WORKING DAYS  
OF THE DATE OF RECEIPT.

**ARTICLE VI: Other Provisions:**

To lawfully engage or transact in business permitted by law and Florida  
Statutes.

This document is executed in accordance with section 605.0203(I)(b) Florida statutes. I  
am aware that any false information submitted in a document to the Department of State  
constitute a third felony as provided for in 817.155. F.S.

*Joseph L. Marshall* date *4/1/17*  
\_\_\_\_\_  
JOSEPH L. MARSHALL, MGR/DIRECTOR

FILED  
17 MAY 11 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA