L18000260444

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

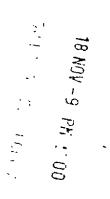
Office Use Only

N. SAMS



800319825178

10/22/18--01002--029 **125.00





2012 NOV -9 ATTL: U.

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2018

LYNN P. MILLER 1868 1/2 DREW STREET CLEARWATER, FL 33765 US

SUBJECT: VINTAGE SUNSHINE SHOP LLC

Ref. Number: W18000094476

We have received your document for VINTAGE SUNSHINE SHOP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Nadira D McClees-Sams Regulatory Specialist II

00:1 11 K- April 61

Letter Number: 718A00022082

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Vintage Sunchine Shop 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:
Name of Person
14np miller Firm/Company
Vintage Sunshine Shop Address Clearwater
1868/12 Drew Street Horida 33765
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher Wilsonal (615) 480-7511 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Cashed (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Companions Provided to a Companion of Companions

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.Cl," 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:		
1768/12 Drew Street	4427 fall brook bloc		
11000100100	Mtm hairbar fl 311/96		
- CHURWARDY , FL 33765	- julm rarior +1 54680		

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:

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

Pulm har by fl 3467,5

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 as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED

(CONTINUED)

10 NOV -9 PH 1:00

ARTICLE IV-

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

"AMBR" = Authorized Member		
"MGR" = Manager	none	
		
		
		
(Use attachment if necessary) LEV: Effective date, if other than the date of filing		
LE VI: Other provisions, if any.		
		-
REQUIRED SIGNATURE:		
QULA DO	nilias:	
Signature of a mumber of This document is executed in ac	or an authorized representative of a membe ecordance with section 605.0203 (1) (b), Flori	da Statutes.
Signature of a number of This document is executed in action and the second of the sec		da Statutes.
Signature of a number of This document is executed in act I am aware that any false inform constitutes a third degree felony	ecordance with section 605.0203 (1) (b), Floring the submitted in a document to the Department as provided for in s.817.155, F.S.	da Statutes.
Signature of a number of This document is executed in act I am aware that any false inform constitutes a third degree felony	scordance with section 605.0203 (1) (b), Flori- lation submitted in a document to the Departm	da Statutes. nent of State
Signature of a member of This document is executed in act I am aware that any false inform constitutes a third degree felony Types	ccordance with section 605.0203 (1) (b), Florination submitted in a document to the Department as provided for in s.817.155, F.S. Or printed name of signee Filing Fees:	da Statutes. nent of State
Signature of a member of This document is executed in act I am aware that any false inform constitutes a third degree felony Types \$125.00 Filing Fee for Articles of Organizat \$30.00 Certified Copy (Optional)	ccordance with section 605.0203 (1) (b), Florination submitted in a document to the Department as provided for in s.817.155, F.S. Or printed name of signee Filing Fees:	da Statutes. nent of State
Signature of a member of This document is executed in act I am aware that any false inform constitutes a third degree felony Type:	ccordance with section 605.0203 (1) (b), Florination submitted in a document to the Department as provided for in s.817.155, F.S. Or printed name of signee Filing Fees:	da Statutes. nent of State
Signature of a member of This document is executed in act I am aware that any false inform constitutes a third degree felony S125.00 Filing Fee for Articles of Organizat S 30.00 Certified Copy (Optional)	ccordance with section 605.0203 (1) (b), Florination submitted in a document to the Department as provided for in s.817.155, F.S. Or printed name of signee Filing Fees:	da Statutes.