L21000273995

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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SUN 1 4 2021

T. SCOTT



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\$ 2777 (--61327--616) (**)77,60

SEERLEARY DESTAIS MALLAHASSES, FLORIDA

COVER LETTER

TO: New Filing Section

Division of Corporations	
SUBJECT: VeeS VIP House K Name of Limited Lia	eping LLC
The enclosed Articles of Organization and fee(s) are submit	tted for filing.
Please return all correspondence concerning this matter to t	he following:
Veronica Grasse	
Namo	e of Person
Vee's VIP Ho	use Keeping LLC.
19 Palo Alto lane	
A	ddress
Port St Lucy Florida	
City/State Veronicagrasse @ /c E-mail address: (to be used for futu	
For further information concerning this matter, please call:	
Veronica Grasse 772	281-7990
Name of Person Area Cod	e Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certificate	### 155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section Division
Division of Corporations	The Centre of Tallahassee
P.O. Box 6327	2415 N. Monroe Street, Suite 810
Tallahassee Fl. 32314	Tallahassee, Fl. 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Must contain the words "Limited Liab	Se Keeping LLC pility Company, "L.L.e.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
19 Palo Alto Lane	19 Palo Alto Lane
Port St Lucy:Florida (\$455)	Port St Lucy Florida (54)
(The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.) The name and the Florida street address of the registered ag Veronica Grasse N	-
19 Palo Alto Lane	
Florida street address (F	2.0. Box NOT acceptable) Figure 1
City	State Zip
place designated in this certificate, I hereby accept the appoint further agree to comply with the provisions of all statutes related in familiar with and accept the obligations of my position as results.	ing to the proper and complete performance of my duties, and I

(CONTINUED)

2821 JUN -1 - AM 8: 34

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>Veronica Grasse AMB</u> //	19 Palo Alto Lane Port St Lucy Florida 7 4 1 5 2
	POR St Lucy Florida
(Use attachment if necessary)	
If an effective date is listed, the date mu he date of filing.)	the date of filing: June 15, 2021. (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after ses not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	A and
Signature This document i I am aware that a	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.
Veronica	Grasse Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)