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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	cument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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03/21/16--01016--018 **155.00

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	VRP Enterprises, LLC		
SUBJEC		of Limited Liabili	ty Company
The encl	osed Articles of Organization and fee	(s) are submitted	for filing.
Please re	eturn all correspondence concerning t	nis matter to the fo	ollowing:
	Vivek B. Patel		
		Name of	Person
		r:(C-	
		Firm/Co	mpany
	1021 Vinsetta Circle		
		Addre	ess
	Winter Garden, FL 34787		
	vivekbpatel@gmail.com	City/State and	d Zip Code
	E-mail address: (to be	used for future a	nnual report notification)
For furthe	er information concerning this matter,	please call:	
	Vivek Patel	630 at (6317170
	Name of Person	Area Code	Daytime Telephone Number
Enclose	d is a check for the following amount	;	
\$125.00	Filing Fee \$130.00 Filing Fe Certificate of State	us La Certifi	\$160.00 Filing Fee, ed Copy al copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section		New Filing Section
	Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

VRP Enterprises, LLC		三漢	ō
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	- 	7 HHLL
RTICLE II - Address:		泛意	ī
e mailing address and street address of the principal office	of the Limited Liability Company is:	<u> </u>	•
s maning address and street address of the principal office	or the Elimited Eldeling Company is:	^{ा द}	=
Principal Office Address:	Mailing Address:	<u> </u>	-
1021 Vinsetta Circle	1021 Vinsetta Circle	三至	#11 11 · 4 /
Winter Garden, FL 34787	Winter Garden, FL 34787	; }>	•
RTICLE III - Registered Agent, Registered Office, & Re			
he Limited Liability Company cannot serve as its own Regi other business entity with an active Florida registration.)	stered Agent. You must designate an individua	ıl or	

Vivek B. Patel

Name

1021 Vinsetta Circle

Florida street address (P.O. Box <u>NOT</u> acceptable)

Winter Garden FL 34787

State

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..

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	,
"MGR" = Manager		
AMBR	VRP Family Living Trust	
	1021 Vinsetta Circle	- A 60 A
	Winter Garden, FL 34787	
		10 3
MGR	Vivek B. Patel	
	1021 Vinsetta Circle	<u> </u>
	Winter Garden, FL 34787	<u> </u>
		<u></u>
		= 43 =
		1
		
effective date is listed, the date must e of filing.)	be date of filing: March 21, 2016 (Of be specific and cannot be more than five business days	ys prior to or 90 da
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)	be specific and cannot be more than five business day s not meet the applicable statutory filing requirements,	ys prior to or 90 da
CLE V: Effective date, if other than the effective date is listed, the date must be of filling.) If the date inserted in this block does cument's effective date on the Departicular visions, if any.	be specific and cannot be more than five business day s not meet the applicable statutory filing requirements,	ys prior to or 90 da
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