

L17000173616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

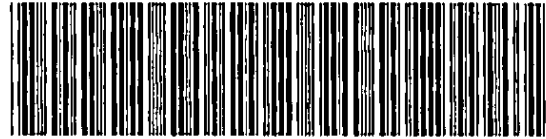
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/14/17--01047--001 \*\*125.00

FILED  
17 AUG 14 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Kim

FLORIDA DEPARTMENT OF STATE

No 004604

Date: 08/14/2017

RECEIVED FROM: Omar Melendez

the sum of One Hundred Twenty Five <sup>00</sup>/<sub>100</sub> Dollars \$ 125.00

For the following: Filing LLC Articles of  
Organization.

G. Blankenbaker

for Secretary of State

THIS MONEY PAID INTO THE STATE TREASURY

All receipts issued and papers filed subject to clearing and final payment of remittance check.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Prophesy VNTG  
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:

Omar Melendez  
Name of Person

\_\_\_\_\_  
Firm/Company

1258 34th St NW  
Address

Winter Haven FL 33881  
City/State and Zip Code

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

For further information concerning this matter, please call:

Omar Melendez at (863) 877-7028  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing 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:

Prophecy VNTG 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>1258 34th St NW</u>	<u>1258 34th St NW</u>
<u>Winter Haven, FL 33881</u>	<u></u>

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:

<u>Omar Melendez</u>		
Name		
<u>1258 34th St NW</u>		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
<u>Winter Haven</u>	<u>FL</u>	<u>33881</u>
City	State	Zip

17 AUG 14 AM 09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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.,

Omar Melendez  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MGR

Omar Melendez

1258 34th St NW

Winter Haven FL 33981

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 8-9-17 (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED SIGNATURE:**

Omar Melendez

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

Omar Melendez

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)

17 AUG 14 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA