

**L03000003800**

Florida Department of State  
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To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : TRUMAN J. COSTELLO, P.A.  
Account Number : I20020000024  
Phone : (941) 939-2222  
Fax Number : (941) 939-2280

**LIMITED LIABILITY COMPANY**

**VLP, LLC**

**AL**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 1        |
| Page Count            | 01       |
| Estimated Charge      | \$160.00 |

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**ARTICLES OF ORGANIZATION OF VLP, LLC**

The undersigned, being authorized to execute and file these articles, hereby certifies that:

**ARTICLE I - Name:**

The name of the Limited Liability Company is: VLP, LLC

**ARTICLE II - Address**

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

3750 Palmetto Ave., Fort Myers, FL 33916

**ARTICLE III -**

**Registered Agent, Registered Office &  
Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Truman J. Costello, esquire  
12670 New Brittany Blvd., Suite 101  
Fort Myers, FL 33907

*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 608, F.S..*



Truman J. Costello, registered agent



Truman J. Costello, authorized representative

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FILED  
03 JAN 31 PM 3:15  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA