# 103000036905

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09/29/03--01024--005 \*\*51.25

2003 SEP 26 AM 8: 56

W03-25468

## TRANSMITTAL LETTER

TO:	Registration Section Division of Corporation	ns —			
SUBJE	CT: Victory Economic	Development Enterprises (Name of Limited Liability Co	empany)	<del></del>	
		ganization and fee(s) are so	_		
_Verni	ice G. Long (Name of I	Person)		_	·
_Victo	ry Economic Develop (Firm/Con				2003 SF
_19425	5 NW 39 <sup>th</sup> Avenue (Address)			=	FILE 8: 56
_Miam	i, FL 33055	<del></del>			56 56
	(City/Stat	e and Zip Code)			·
For further information concerning this matter, please call:					
_Verr	nice G. Long	at ( 305 ) 62 (Name of Person) (Area Code &		er)	
Registra Division 409 B.	ET ADDRESS: ation Section n of Corporations Gaines Street ssee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	i.		



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 8, 2003

VERNICE G. LONG 19425 NW 39TH AVENUE MIAMI, FL 33055

SUBJECT: VICTORY ECONOMIC DEVELOPMENT ENTERPRISES

Ref. Number: W03000025468



We have received your document for VICTORY ECONOMIC DEVELOPMENT ENTERPRISES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

To file as a Limited Liability Company you have to file Articles of Organization. Filing fee's are \$125.00 to file \$5.00 for certificate of status we need a check in the amount of \$51.25 to cover difference.,

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) 245-6043.

Joey Bryan Document Specialist

- Letter Number: 603A00049792

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name: The name of the Limited Liability Company Victory Economic Development Enterprises Li	
ARTICLE II- Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
19425 NW 39th Avenue	19425 NW 39th Avenue
Miami, Florida 33055	Miami, Florida 33055
ARTICLE III Registered Agent, Registered The name and the Florida street address of the	registered agent are:
Vernice G, Long	me -
Nai 19425 NW 39 <sup>th</sup> Avenue	<b>Y</b> /\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Florida street add	iress (P.O. Box NOT accentable)
Miami, FL, 33055	
Ci	ty, State, and 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 608, F.S.

Registered Agent's Signature

(CONTINUED)

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: : "MGR' = Manager "MGRM" = Managing Member MGR Vernice G. Long 19425 NW 39th Avenue Miami, FL. 33055 Master 26 M. G. 56 MGRM Patricia G. Webb 30 Shaw Street Newton, MA 02465 **MGRM** 19425 NW 39th Ave Miami, FL. 33055 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE; Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)