L03000037381

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	7
ŧ		

Office Use Only



000023099200

09/22/03--01031--018 **I60.00

Ma/01

DIVISION OF CORPORATION



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	· · · · · ·
SUBJECT: Village People Investme	
(Name of I	imited Liability Company)
The enclosed Articles of Organization and Please return all correspondence concerning	.,,
Jeffery W. Wells	
(Name of Person)	
(Firm/Company)	
`	
901 S. Atlantic Ave.	
(Address)	
Cocoa Beach, FL 32931	
(City/State and Zip Cod	(e)
For further information concerning this ma	atter, please call:
Jeffery Wells	at (321) 868-3661
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
	a maximum way a 2002000 Warw I I

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Village People Investments, LLC

ARTICLE II - Address:

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

Principal Office Address:		Mailing Address:	
901 S. Atlantic Ave.		901 S. Atlantic Ave.	
Cocoa Beach, FL 32931		Cocoa Beach, FL 32931	
The name and the Florida st	0 / 0	i Office, & Registered Agent's Signature: registered agent are:	DIVISION OF 2
	Name		F COR
901 S	. Atlantic Ave.		A POR
Fl	orida street address (P.C	D. Box <u>NOT</u> acceptable)	9 33
Cocoa	Beach	_{FL} 32931	51

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

City, State, and Zip

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Jeffery W. Weils
	901 S. Atlantic Ave.
	Cocoa Beach, FL 32931
	901 S. Atlantic Ave.
	Cocoa Beach, FL 32931
Jse attachment if necessar	7/

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.)

901 S. Atlantic Ave.

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)