

L 03000056635

(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:

Name
Address

Examiner DCC
Office Use Only

Editor DCC

Editor
Verifier DCC

Acknowledgement DCC

Att. P. Verifier DCC



700025494527

12/18/03--01054--007 **125.00

FILED
03 DEC 18 AM 8:08
FILING OFFICE

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Viktor Antipov, LLC
(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:

Viktor Antipov
(Name of Person)

Viktor Antipov, LLC
(Firm/Company)

4394 Summertree Rd.
(Address)

Venice FL 34293
(City/State and Zip Code)

For further information concerning this matter, please call:

Viktor Antipov
(Name of Person)

at (941) 497-0056
(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

03 DEC 18 AM 8:08

FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Viktor Antipov, LLC

ARTICLE II - Address:

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

Principal Office Address:

4394 Summertree Rd.
Venice, FL 34293

Mailing Address:

4394 Summertree Rd.
Venice, FL 34293

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

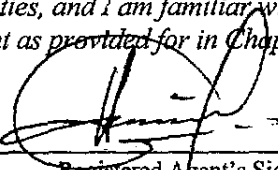
Viktor Antipov
Name

4394 Summertree Rd.
Florida street address (P.O. Box NOT acceptable)

Venice FLORIDA 34293
City, State, and Zip

FILED
03 DEC 18 AM 8:08
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 608, Florida Statutes..



Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

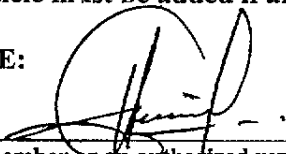
MGR

Viktor Antipov
4394 Summertree Rd.
Venice, FL 34293

(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.)

Viktor Antipov

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)

03 DEC 18 AM 8:08
FILED
TALLAHASSEE FLORIDA