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Florida Department of State
Division of Corporations
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

W 07/21/04

DIVISION OF CORPORATION

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RECEIVED

LIMITED LIABILITY COMPANY

VFT MARKETING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VFT Marketing, LLC

ARTICLE II - Address:

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

309 S. Chase Court
Altamonte Springs, FL 32714

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

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

Jonathan Murphy
Name

309 S. Chase Court
Florida street address

Altamonte Springs, Florida 32714
City, State, and Zip

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 obligation of my position as registered agent as provided for in Chapter 608 of F.S.

Jonathan Murphy
Registered Agent's Signature

ARTICLE IV - Management:

- (X) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Jonathan Murphy
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 state herein are true.)

Operating Manager

Typed or printed name of the signer