

104000072340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

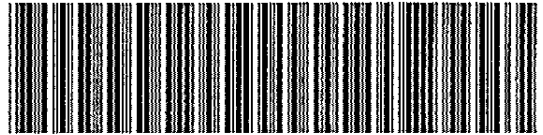
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200041489442

10/04/04--01044--009 **160.00

04 OCT - 4 14 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

104-72340
al

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Viable Technologies 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:

Vincent V Sankoe
(Name of Person)

Viable Technologies LLC
(Firm/Company)

5105 Birch Ave.
(Address)

SARASOTA FL. 34233
(City/State and Zip Code)

For further information concerning this matter, please call:

Vincent V Sankoe at (941) 923-6865
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT -4 PM 9:50

FILED

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Viable Technologies LLC

ARTICLE II - Address:

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

Principal Office Address:

5105 Birch Ave
Sarasota FL 34233

Mailing Address:

5105 Birch Ave
SARASOTA FL 34233

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

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

Vincent V Sankoe
Name

5105 Birch Ave
Florida street address (P.O. Box NOT acceptable)

SARASOTA FLORIDA 34233
City, 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, Florida Statutes..

Vincent V Sankoe
Registered Agent's Signature

04 OCT -4 AM 9:50
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Vincent V SANKOE
5105 Birch Ave
SARASOTA FL 34233

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Vincent V Sankoe
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.)

Vincent V SANKOE
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT - 4 AM 9:50

FILED