10500009545

(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:			





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2005 JAN 21 P 12: 29

SECRETARY OF STATE
LLANGARY OF STATE

(N) (3)

TRANSMITTAL LETTER

TO: Registration Sec Division of Cor				
SUBJECT: Vine Street	et Trading, LLC			
,	(Name of Limited	Liability Company)		_
The enclosed Articles of Organization and fee(s) are submitted for filling.				
Please return all correspo	ondence concerning this matte	r to the following:	2005 JAN 21 SECRETARY ALLAHASSE	77
Alicia Ch	ea-Junga		21 SEX	-
		Name of Person)		m
			FS: D	-
			25 K	
Vine Street Trading,	LLC		29 PA 29	
	(1	Firm/Company)		
215 Celebra	tion Place, Suite 170		·	
<u>-</u>		(Address)		·
Celeb	ration, FL 34747			
	(City/	State and Zip Code)		
For further information of	concerning this matter, please	call:		
	3			
Alicia Chea-Junga		at (321) 939-091	5	
	of Person)	(Area Code & Daytime		• •
/*******		(1 2 sa 0 0 0 sa 2 sa) (2 no		
Enclosed is a check fo	r the following amount:			
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	2 \$160.00 Filin Certificate of Sta	
		(additional copy is enclosed)	Certified Copy (additional copy is c	
STRE	ET ADDRESS:	MAILING	ADDRESS: .	
Regist	ration Section	Registration	n Section	
	on of Corporations		Corporations	
	Gaines Street assee, Florida 32399	P.O. Box 63 Tallahassee	327 , Florida 32314	
i unan		1 011m1g35CC	,U1144 JAJIT	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:
Vine Street Trading, LLC	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
215 Celebration Place, Suite 170	215 Celebration Place, Suite 170
Celebration, FL 34747	Celebration, FL 34747
ARTICLE III - Registered Agent, Register	registered agent are:
Alicia Chea-Junga	ZZOS .
Nan	JAN 2
215 Celebration Place, Suite	⊋ 170 (**** - ******************************
Florida street a	address (P.O. Box NOT acceptable)
Celebration, FL 34747	
City, State	e, and Zip DF 29
Having been named as registered agent and t	o accept service of process for the above stated limite

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..



(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Alicia Chea-Junga 215 Celebration Place, Suite 170
	Celebration, FL 34747
MGRM	Maria Thomas
	215 Celebration Place, Suite 170 Celebration, FL 34747
(Use attachment if necessary)	ZDO: TALL
NOTE: An additional article n	nust be added if an effective date is requested
REQUIRED SIGNATURE:	RY OF SI
Alicia Signature of a m	chea-Junga
(In accordance wi of this document	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)