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TRANSMITTAL LETTER

	distration Se diston of Cor			
SUBJECT:	VINC		OR & EXTERIOR DES	IGN LLC
		(Name of Limited	d Liability Company)	
The enclosed	l Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return	all corresp	ondence concerning this matte	r to the following:	
	VINC	ENT E STABILE		
		(1	Name of Person)	
VINCE	STABIL		ERIOR DESIGN LLC	
		(Firm/Company)	
	8528	WHITE ROAD		
			(Address)	
	ORLA	NDO, FL 32818		
		(City/	State and Zip Code)	
For further in	nformation o	concerning this matter, please	call:	
VINCEN	T E ST	ABILE	at (407) 466-05	18
(Name of Person)		(Area Code & Daytime Telephone Number)		
Enclosed is	a check fo	r the following amount:		
⊈ \$125,00 F	iling Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
CTDEET ADDECG.		MAILING ADDRESS.		

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	:
VINCE STABILE INTERIOR & EXTE	RIOR DESIGN LLC
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
8528 WHITE RD	8528 WHITE RD
ORLANDO, FL 32818	ORLANDO, FL 32818
VINCENT E STABII Name 8528 WHITE ROAD Florida street ac	
ORLANDO	FL 32818 and Zip
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, IES
	· · · · · · · · · · · · · · · · · · ·

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	VINCENT E STABILE
	8528 WHITE RD
	ORLANDO, FL 32818
(Use attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	
	Hille
Signature of a mer	mber 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 E STABILE

Typed or printed name of signee

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)