75000031616

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
-	_		
PICK-UP	☐ WAIT	MAIL	
(Busi	ness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
Special Monachone to 1 ming Smoot.			
		1	
		j	
	<u></u>		

Office Use Only



100048779981

Solve the religion that straining in

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT:			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
- Uncent Beasley (Name of Person)			
(Name of Person)			
V Entertainment L.L.C.			
(Firm/Company)			
6118 NW 7th Ave #1025			
(Address)			
Miumi, Fl. 33127			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
VALUE Miller OSeph at 305 756-9648 (Name of Person) (Area Code & Daytime Telephone Number)			
(Libra Code & Disjunio Telephone Trainoct)			
Enclosed is a check for the following amount:			
□ \$125.00 Filing Fee Certificate of Status □ \$155.00 Filing Fee Certificate of Status □ \$155.00 Filing Fee Certificate of Status □ \$155.00 Filing Fee Certificate of Status Cer			

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 FL	THE CO.
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
V. Entertainment	L.L.C.
ARTICLE II - Address: The mailing address and street address of the pro-	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6118 N.W. 7th Ave	6118 N.W. 7 have
# 10Z MIAMI, FL. 33127	MIAMI FL 33127
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the r	egistered agent are:
Leonaro	2 Acklein Esq.
Name	·
6157 NW	167 St #F-4
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
M AMI	FL 33615
City, State, a	nd Zip
liability company at the place designated in t registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all
	rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

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" = Manag "MGRM" = Man	ger	Name and Address:	
MGRM		MIAMI FL 33127	
MGR		MIAMI FL. 33127	
		F 28 P	
(Use attachment NOTE: An add	• •	oded if an effective date is requested.	
REQUIRED SIG	GNATURE:	•	
	(In accordance with section of this document constitutes that the facts stated herein	an authorized representative of a member. 508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.) 45 Cy	
	Typed o	i himmonimic or signoc	

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)