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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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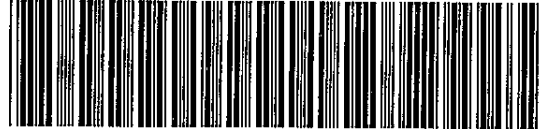
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

ATX1

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VCB ENTERPRISES, 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:

DONALD B. TIPPING, II  
(Name of Person)

TIPPING & COMPANY  
(Firm/Company)

540 NORTH GOLDEN CIRCLE DRIVE, SUITE 105  
(Address)

SANTA ANA, CA 92705  
(City/State and Zip Code)

For further information concerning this matter, please call:

DONALD B. TIPPING, II at 714-564-7630  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing 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)

**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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

VCB ENTERPRISES, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

VCB ENTERPRISES, LLC  
540 NORTH GOLDEN CIRCLE DRIVE, SUITE 1  
SANTA ANA, CA 92705

VCB ENTERPRISES, LLC  
540 NORTH GOLDEN CIRCLE DRIVE, SUITE 1  
SANTA ANA, CA 92705

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

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

MARINA NUZUM  
Name

14449 67TH TRAIL NORTH  
Florida street address (P.O. Box **NOT** acceptable)

PALM BEACH GARDENS FL 33418  
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 08, F.S.*

*Marina Nuzum*  
Registered Agent's Signature

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(CONTINUED)

**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:**

MGRM

BRYAN HOGSETT  
C/O 323 IRIS  
CORONA DEL MAR, CA 92625

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
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.)

**DONALD B. TIPPING, II**

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)

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