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## **COVER LETTER**

TO: Registration Sect Division of Corp				
CARDINGT VES	FLINOVA 1LC			
SUBJECT: VES	ELINOVA LLC (Name of Limite	d Liability Company)	<del> </del>	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.		
Please return all correspon	ndence concerning this matte	er to the following:		
Peter	Meyers			
<del></del>	C	Name of Person)		•
<del> </del>	(	Firm/Company)		•
272	91 S. Riversid	e Drive		05
<del></del>	91 S. Riversid	(Address)	7	严重 四
Boni	ta Springs, (City	FL 34135	7	05 MM - 2 PM 3: 05
<del></del>	(City	/State and Zip Code)		第2 3
				3: 0
^	oncerning this matter, please			最高の
leter Mey	ers	at (239 ) 216 · (Area Code & Daytime To	1574	•
(Name o	f Person)	(Area Code & Daytime Te	lephone 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)	
	Mailing Address Registration Section	Street/Courier Address Registration Section	3	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:					
VESELINOVA LLC					
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")					
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:					
Principal Office Address: Mailing Address:	0				
BONITO Springs, FL 34135 BONITO Springs, FL 3	高喜 -				
BONITO SPRINGS, FL 3	-1/2 to 1				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anoth business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:					
(Amin)					
Florida street address (P.O. Box NOT acceptable)					
Bow. h. Springsfl 34135  City, State, and Zip					
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the provis statutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608	nent as sions of all with and				

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Peter Meyers  27291 S. Riverside DR.  BONITE SPRINGS, FL 34135
	DE MAY - C.
	THOU THOU
(Use attachment if necessary)	
ICLE V: Effective date, if other than the effective date is listed, the date must b 90 days after the date of filing.)	e date of filing: (OPTIONAL) se specific and cannot be more than five business days prior
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.)

PETER MEYERS
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)