L06000062419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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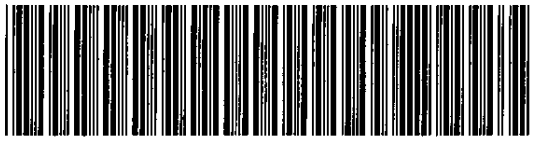

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05/25/06--01058--012 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 25 AM 9:39

CERTIFICATE DATE
5/26/06

-ehdate

W06-25152

B. Tadlock JUN 20 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VAICON INTERNATIONAL, 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:

SASI B. TADEPALLI
(Name of Person)

(Firm/Company)

P.O. Box 618482
(Address)

ORLANDO, FL 32861
(City/State and Zip Code)

For further information concerning this matter, please call:

SASI B. TADEPALLI at (321) 438 8534
(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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2006

SASI B. TADEPALLI
PO BOX 618482
ORLANDO, FL 32861

SUBJECT: VAICON INTERNATIONAL, LLC
Ref. Number: W06000025152

We have received your document for VAICON INTERNATIONAL, LLC and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 25, 2006. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 106A00038146

June 8, 2006

Ms. Brenda Tadlock
Senior Section Administrator
Division of Corporations
P.O. Box 6327, Tallahassee, FL 32314

Re: VAICON INTERNATIONAL, LLC
W06000025152

Dear Ms. Tadlock:

Pursuant to your letter dated June 1, 2006 (copy attached), we have modified the effective date of filing to May 22, 2006 which is less than five business days of your initial receipt of this application (May 25, 2006).

We trust that this modification is sufficient to complete the filing process.

If you have any questions or need further information, please contact me at the 321-438-8534.

Yours Sincerely,

Sasi B. Tadepalli,
P.O. Box 618482
Orlando, Florida 32861

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

VAICON INTERNATIONAL, 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:**
4326 PINEBARK AVE ORLANDO, FL-32811	P.O.BOX 618482 ORLANDO, FL-32861

5/22/06

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

SASI B TADEPALLI
Name

4326 PINEBARK AVENUE
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FL 32811
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 25 AM 9:40

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..

Registered ~~Agent's Signature~~ (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGRM	SASI B. TADEPALLI P.O. BOX 618482 ORLANDO, FL - 32861

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 22, 2006 . (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

SASI B. TADEPALLI
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)