(Requestor's Name) (Address) (Address)	700093726507
(City/State/Zip/Phone #)	03/21/0701006018 **160.00
(Business Entity Name) (Document Number) rtified Copies Certificates of Status	07 APR -2 PM 1:45 SECRETARY OF STATE TALLAHASSEE FLORIDA
Office Use Only	Å

COVER LETTER

TO: **Registration Section Division of Corporations**

VINCENT JAMES PARTNERSHIP, LLC. (Name of Limited Liability Company) SUBJECT:

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tallahassee, FL 32314

VINCENT GIULIAND (Name of Person) VINCENT JAMES PARTNERSHIP, LLC (Firm/Company) 5703 RED BUG LAKE ROAD, PMB-102 (Address) WINTER SPRINGS, FLORIDA 32708 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Person) at (407) 6990282 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & X \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address **Registration Section Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 **Clifton Building**

2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 22, 2007

VINCENT GIULIANO 5703 RED BUG LAKE ROAD, PMB-102 WINTER SPRINGS, FL 32708

SUBJECT: VINCENT JAMES PARTNERSHIP, LLC Ref. Number: W07000014153

We have received your document for VINCENT JAMES PARTNERSHIP, 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):

The name of the entity cannot include "PARTNERSHIP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout 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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 007A00019808

07 APR -2 PH 1:45

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VINCENT JAMES ENTERPRISES, 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:

5703 RED B46 LAKE ROAD
PMB-102
WINTER SPAINES, FL 32708

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:

VINCENT GIULIAND	EGG A	
Name 5703 REO BUG LAKE RDAD PMB-401	PR -2 HASSEE	
Florida street address (P.O. Box NOT acceptable)	E HE	9
WINTER SPRINGS FL 32708 City, State, and Zip		
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Mailing Address:

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) 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:

GRM" = Managing Membe	
MGR	VINCENT GIULIAND
	5713 RED BYG LAKE RD, PMB-401 WINTER SPRINGS, FL 32708
	WINTER SPRINGS, FL 32708
MGR	J. MANLEY
	1.0. Box 4892
	WINTER PARK, FC 32793
MGRM	JACK MANLEY
	P.O. Box 4892
	WINTER PARK, FC 32793
Marm	LAULA BRIWN ACC A
	1.1. BOX 4892
	LAWAA BRIWN P.O. BOX 4892 WINTER PARK, FL 32793 201 -2 FL P.O. P. FL

ARTICLE V: Effective date, if other than the date of filing: ______. (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:

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Signature of a member or an authorized representative of a member.

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(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 GIULIAND 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)