Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383 :

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (800)494-3124 Fax Number : (305)675-2811

LS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED

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SECHETARY OF STATE
ALLAHASSEE, FLORINA

VINCE LIGHTNING, LLC

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

in	compliance	with	Chapter	608.F.S.	
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ARTICLE I NAME

The name of the Limited Liability Company is:

VINCE LIGHTNING, LLC

ARTICLE II ADDRESS

The mailing address and street edgress of the principal office of the Limited Liability and a company is:

3915 COBALT AVE E

JACKSONVILLE FL 32210-5047

ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

MARION U. WEHNER 515 COLLEGE DR MIDDLEBURG FL 32068-6521

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this cartificate, 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.

MARION U. WEHNER / Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and a therefore, a member-managed company.

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ARTICLE V MEMBERS (optional)

MANAGING MEMBER:
VINCENT SIGRRIST
3915 COBALT AVE E
1ACKSONVILLE SI 32210-5047

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.

VINCENT SIGRRIST
Typed or printed name of signee

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