

L07000084679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

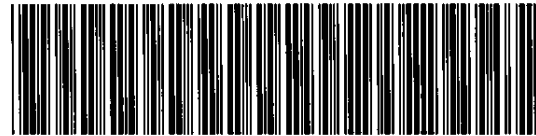
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08/20/07--01002--008 **125.00

RECEIVED
07 AUG 17 PM 4:46
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 8/16/07

FILED
07 AUG 17 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

EFFECTIVE DATE 8/16/07
07 AUG 17 AM 9:16
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 08-17-2007

REF. #: 001133.73303

CORP. NAME: VIRGINIA STREET HOLDINGS, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 522536 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

EFFECTIVE DATE

8/16/07

**ARTICLES OF ORGANIZATION
OF
VIRGINIA STREET HOLDINGS, LLC**

FILED
07 AUG 17 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of Company shall be: **VIRGINIA STREET HOLDINGS, LLC**

ARTICLE II- PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The initial principal office and mailing address of the Company shall be:

999 Ponce de Leon Boulevard
Penthouse 1110
Coral Gables, FL 33134

**ARTICLE III - INITIAL REGISTERED AGENT AND INITIAL REGISTERED
OFFICE**

The Company's initial registered agent and registered office in the State of
Florida shall be:

David J. Winker, Esq.
999 Ponce de Leon Boulevard
Penthouse 1110
Coral Gables, FL 33134

ARTICLE IV - EXECUTION OF ARTICLES OF ORGANIZATION

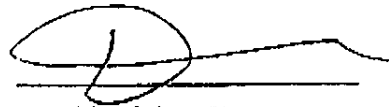
The name and post office address of the person duly authorized to execute these Articles
of Organization is as follows:

David Winker, Esq.
Zumpano, Patricios & Winker, P.A.
999 Ponce de Leon Blvd.
Penthouse 1110
Coral Gables, FL 33134

ARTICLE V - EFFECTIVE DATE

The effective date of these Articles of Organization shall be August 16, 2007.

The undersigned, for the purpose of forming a limited liability company to do business within the State of Florida, does make and file these Articles of Organization, hereby declaring and certifying that he is the authorized representative of the Manager of the Company and certifying that the facts stated above are true.

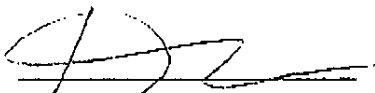
A handwritten signature in black ink, appearing to be 'David Winker', is written over a horizontal line.

David Winker, Esq.

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE
FORGOING LIMITED LIABILITY CORPORATION, AT THE PLACE
DESIGNATED IN THESE ARTICLES OF ORGANIZATION THE
UNDERSIGNED HEREBY AGREES TO ACT IN THIS CAPACITY AND
FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL
STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE
OF HIS DUTIES.

DATED THIS 16TH DAY OF AUGUST, 2007.



David J. Winker