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SECRETARY OF STATE
AND SHASSEE, FLORID.

101-91641 Al COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VIRGINIA'S VITTUAL VINTAGE, 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:	
Virginia A. TROTTA (Name of Person)	
Virginia's Virtual Vintage, LLC (Firm/Company)	
317 SE 17th Pl (Address)	
CAPE CORAL FI 33990 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Virginia A. TRotta at (239) 573-8786 (Area Code & Daytime Telephone Number)	う
(Name of Person) (Area Code & Daytime Telephone Number) つ	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} Certified Copy (additional copy is enclos	
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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

-4,

ARTICLE I - Name:

The name of the Limited Liability Company is:

Virginia's Virtual VINTAGE, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
317 SE17th PL 317 SE17th PI
CAPE CORAL, PL 33990 CAPE CORAL, Fd 33990
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:
Virginia A Trotta
Name
317 SE 17 th PL Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box <u>NOT</u> acceptable)
CAPE CORALEL 33990
City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited

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

<u>Title:</u> "MGR" = Manager	÷	Name and Address:
"MGRM" = Managi	ng Member	
MGRM	ē,	VIRGINIA A-TROTTA 3175E 17th PL CAPE CORAL E(3399
	ı	
,		
Use attachment if no	ecessary)	
	e, if other than the the date must b	e date of filing: (OPTION be specific and cannot be more than five business d
LE V: Effective date ective date is listed, days after the date of	e, if other than the the date must b of filing.)	e specific and cannot be more than five business d
LE V: Effective date fective date	e, if other than the the date must b of filing.)	e specific and cannot be more than five business d
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LE V: Effective date ective date date days after the date of REQUIRED SIGNA	a, if other than the the date must be of filing.) ATURE:	er or an authorized representative of a member. 2007 SEP.24 PM
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EV: Effective date ective date date days after the date of SEQUIRED SIGNATES	ATURE: accordance with se this document consthat the facts stated in the facts stated	er or an authorized representative of a member. 2007 SEP-24 Particular of the secution titutes an affirmation under the penalties of perjury
E V: Effective date ective date is listed, lays after the date of REQUIRED SIGNATES	ATURE: accordance with se this document consthat the facts stated in the facts stated	er or an authorized representative of a member. 2007 SEP 24 Participants of perjury herein are true.)

Page 2 of 2