

LO7000127331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

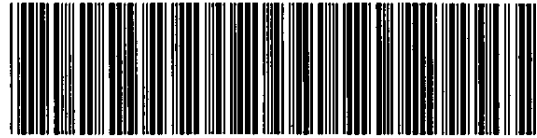
Special Instructions to Filing Officer:

LO7000061068

Office Use Only

EFFECTIVE DATE

1-1-08



500113131575

12/17/07--01027--021 **155.00

FILED

07 DEC 26 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DB

12/24

W. S. Eubanks, Jr.
P.O. Box 500
Wellborn, Florida 32094

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

Re: VECTORWING, LLC.

Ladies and Gentlemen,

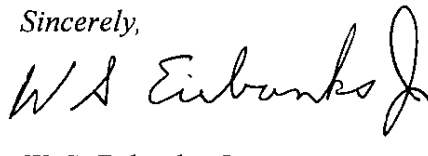
Enclosed are:

- a. Two (2) copies of the Article of Organization and Designation of Registered Agent for Vectorwing, LLC., CORRECTED AS REQUIRED BY YOUR LETTER OF DECEMBER 18, 2007, COPY ENCLOSED.
- b. Check in the amount of \$155 for filing fees and certified copy YOU ALREADY HAVE.
- c. Stamped-self addressed envelope for return of Certified Copy

Please CONTINUE TO register this LLC and certify and return a copy of the Articles as registered.

Thank you for your prompt attention to this matter.

Sincerely,



W. S. Eubanks, Jr.
386-963-4918

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07 DEC 26 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2007

W.S. EUBANKS, JR.
P.O. BOX 500
WELLBORN, FL 32094

SUBJECT: VECTORWING, LLC
Ref. Number: W07000061068

We have received your document for VECTORWING, LLC and your check(s) totaling \$155.00. 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 December 17, 2007. 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 207A00070559

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. S. Eubanks, Jr.
P.O. Box 500
Wellborn, Florida 32094

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

Re: VECTORWING, LLC.

Ladies and Gentlemen,

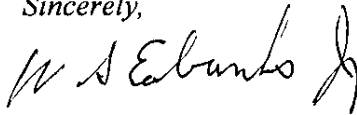
Enclosed are:

- a. Two (2) copies of the Article of Organization and Designation of Registered Agent for Vectorwing, LLC.,
- b. Check in the amount of \$155 for filing fees and certified copy
- c. Stamped-self addressed envelope for return of Certified Copy

Please register this LLC and certify and return a copy of the Articles as registered.

Thank you for your prompt attention to this matter.

Sincerely,



W. S. Eubanks, Jr.
386-963-4918

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is

VECTORWING, LLC.

Article II

The street address of the principal office of the Limited Liability Company is
5178 CR 252, P.O. BOX 500
Wellborn, Florida 32094

The mailing address of the Limited Liability Company is:
P.O. Box 500, 5178 CR 252
Wellborn, Florida 32094

Article III

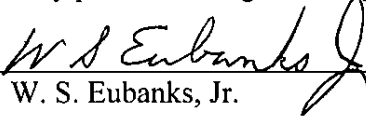
The purpose for which this Limited Liability Company is organized is:
Research. Development and Trade

Article IV

The name and Florida street address of the registered agent is:
W. S. Eubanks, Jr.
5178 CR 252
Wellborn, Florida 32094

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


W. S. Eubanks, Jr.

Article V

The name and address of the managing members/managers are:

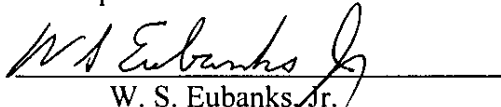
Title: Manager
W. S. Eubanks, Jr.
P.O. Box 500
Wellborn, FL 32094

EFFECTIVE DATE 1-1-08

Article VI

The effective date for this Limited Liability Company shall be:
January 1, 2008

A signature of a member or an authorized representative of a member is:


W. S. Eubanks, Jr.