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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Fine Officer: | | | | |
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Office Use Only



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February 13, 2009

JOHN STEPHEN MCGRATH 923 SOUTH CENTER STREET EUSTIS, FL 32726

SUBJECT: VICTORY GARDEN ENTERPRISE LLC

Ref. Number: W09000007165

We have received your document for VICTORY GARDEN ENTERPRISE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

Are you wanting to file a new LLC? If so I am enclosing the proper forms.

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) 245-6067.

Letter Number: 609A00005245

Neysa Culligan Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

| TO: Registration Sec Division of Corp | | | | |
|--|---|---|---|------------|
| SUBJECT: | CHONG GARD | ew Evler lility Company) | prise | LLO |
| The enclosed Articles of C | Organization and fee(s) are submitt | ed for filing. | | |
| Please return all correspon | ndence concerning this matter to th | e following: | | |
| Jo | hu Stophe | Mag Mag G | rph | - ` |
| Victo | vy FAVLON (Firm/C | Enter prist | , LLC | _ |
| 923 | South Ce | nty Str dress) | pet | _ |
| Eus | tis, Florida | | 726 | _ |
| | (City/State a | nd Zip Code) | | |
| For further information co | ncerning this matter, please call: | | | |
| JOHN Steph | har Mark at (_ | 352 483 (Area Code & Daytime Tele | - 9367 | |
| · | | | , | |
| Enclosed is a check for t | | | , | |
| \$125.00 Filing Fee | Certificate of Status Ce | 55.00 Filing Fee & rtified Copy ditional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed | |
| | 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 Callahassee, FL 32301 | rcle | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is: | |
|--|--|
| Victory Sarda En (Must end with the words "Limited Liability | ty Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the result of the serve as the serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the result of the serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the result of the serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the result of the serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the result of the serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the result of the serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the result of the serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the result of the serve as its own Register business entity with an active Florida registration. | egistered agent are: W. McGvsh Legistered agent are: W. Centry Street Tess (P.O. Box NOT acceptable) FL 32726 |

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..

egistered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **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: Signaturg

(In accordance with section 608.408(3), Florida Statutes, the execution of this occument constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)