

L09000018434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

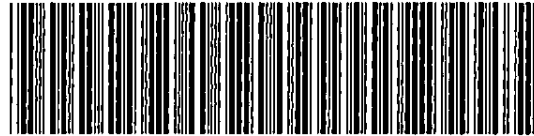
Certified Copies _____ Certificates of Status _____

~~WA-8211~~

Special Instructions to Filing Officer:

Eric Lamberty GAYS
AUTHORIZATION BY PHONE TO
CONTACT titles
DATE 2/25/09
OFF EXAM cut

Office Use Only



400136752814

02/24/09--01001--015 **75.00

400136752814
01/30/09--01027--013 **50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 20 PM 1:05

B. Tedlock FEB 25 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VERA FORTUNA, 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:

NORMAN LUIS LAMBERTY

(Name of Person)

(Firm/Company)

111 PINE TREE LANE

(Address)

ALTAMONTE SPRINGS, FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

NORMAN L LAMBERTY at (**407**) **405-2041**

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VERA FORTUNA, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 20 PM 1:05

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

Principal Office Address:

Mailing Address:

111 PINE TREE LANE
ALTAMONTE SPRINGS, FL 32714

111 PINE TREE LANE
ALTAMONTE SPRINGS, FL 32714

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:

Norman L. Lambert
Name

111 Pine Tree Lane
Florida street address (P.O. Box **NOT** acceptable)

Altamonte Springs FL 32714
City, State, and Zip

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

ERIC LUIS LAMBERTY

2607 TETON STONE RUN

ORLANDO, FL 32828

MGRM

ANA L LAMBERTY

111 PINE TREE LANE

ALTAMONTE SPRINGS, FL 32714

MGRM

NORMAN LAMBERTY, JR

111 PINE TREE LANE

ALTAMONTE SPRINGS, FL 32714

MGRM

JOSHUA LAMBERTY

111 PINE TREE LANE

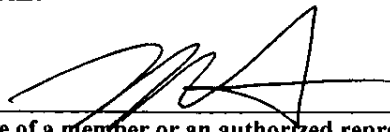
ALTAMONTE SPRINGS, FL 32714

(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:



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.)

Norman L. Lamberty

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

VICTOR ROSARIO
P O BOX 621113
ORLANDO, FL 32862

MGRM

Hugo Laina
10852 New Bridge Dr.
Riverview FL 33579

MGRM

Norman L. Lamberty
111 Pinetree Ln
Altamonte Springs FL 32714

(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:



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.)

Norman L. Lamberty

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)