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(Requestor's Name)

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(City/State/Zip/Phone #)

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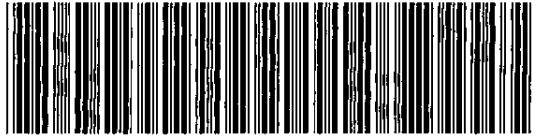
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**GUEST·PEAVY·GUEST**

CPA'S & COMPANY

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50 KINDRED STREET - SUITE 303  
STUART, FLORIDA 34994  
(772) 286-9005 • FAX (772) 286-5030

March 30, 2009

Secretary of State  
Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32319

RE: Articles of Organization and Registered Agent designation  
**VINCAST, LLC**

Dear Sir/Madam:

In reference to the party mentioned above, please find enclosed the original and one copy of the Articles of Organization to be filed with the Secretary of State, State of Florida. Also enclosed is my check in the amount of \$155.00, which represents \$125.00 for the filing fee and \$30.00 for the Certified Copy. Please return the certified copy of the Articles of Organization and designation of Registered Agent.

If you have any questions, please feel free to contact me.

Sincerely,

  
JAMES M. GUEST, CPA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: VINCAST, 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:

**JAMES M. GUEST CPA**  
(Name of Person)

**GUEST, PEAVY, GUEST CPA's & COMPANY**  
(Firm/Company)

**50 SE KINDRED STREET #303**  
(Address)

**STUART, FL 34994**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**JAMES M. GUEST CPA** at **772 286-9005**  
(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:

VINCAST, 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:**

50 SE KINDRED STREET #303  
STUART, FL 34994

**Mailing Address:**

50 SE KINDRED STREET #303  
STUART, FL 34994

**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:

JAMES M. GUEST CPA

Name

50 SE KINDRED STREET #303


Florida street address (P.O. Box NOT acceptable)

STUART, FL 34994

City, State, and Zip

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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 as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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

ANTHONY JONES  
125 COURT ST. APT 4sQ  
BROOKLYN, NY 11201

MGRM

DAVID WEIL  
408 W34TH STREET APT 1G  
NEW YORK, NY 10001

MGRM

CHRISTOPHER JONES  
1256 SE ILLUSION ISLE WAY  
STUART, FL 34997

MGRM

PATRICK JONES  
200 RADCLIFF ROAD  
STATEN ISLAND, NY 10305

(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.)

**CHRISTOPHER JONES**

Typed or printed name of signee

**FILED**  
**09 APR -2 AM 10:39**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**