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COVER LETTER

Division of C	Section Corporations	
SUBJECT:	V	/ANZ & P.I. ,LLC
	Name of Limi	ited Liability Company
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.
Please return all corre	spondence concerning this mat	atter to the following:
	Pla	amen I. Parvanov
		Name of Person
		Firm/Company
	1701 W	Vashington str. # 601
		Address
		ywood, FL,33020 City/State and Zip Code
	parvano	ov.plamen@gmail.com
For further information	E-mail address: (to be used n concerning this matter, pleas	d for future annual report notification)
ror luttier informatio	n concerning this matter, pleas	ise can:
	en Parvanov e of Person	at (843) 415-3496 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 & Signature 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



May 26, 2009

PLAMEN I. PARVANOV 1701 WASHINGTON ST. #601 HOLLYWOOD, FL 33020

SUBJECT: VANZ & P.I., LLC Ref. Number: W09000024614

We have received your document for VANZ & P.I., LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete ARTICLE III of the document and that person must sign.

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: 909A00017683

Neysa Culligan Regulatory Specialist II

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lir		npany is:	
(Mus		Z & P.I. ,LLC nited Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		of the principal office of the Limited	Liability Company is:
Principal Office A	ddress:	Mailing Address:	
1701 Washington Hollywood FL ,33		1701 Washington str. #6 Hollywood ,FL ,33020	301
(The Limited Liability Cor		egistered Office, & Registered Ager own Registered Agent. You must designate an in	ndividual or another
The name and the F	lorida street address	s of the registered agent are:	SECRE!
	Pla	amen Parvanov	
		Name	SSET F
	1701 W	ashington str. #601	
•		lress (P.O. Box <u>NOT</u> acceptable)	AH IO: 20 EFFLORIO
	Hollywood ,FL ,	33020 _{FL}	AH IO: 20 SEF FLORIDS
•	Cit	y, 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)

(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:

UN ACTION IN A A			
"MGR" = Mana; "MGRM" = Mai			
MGMR		Michael V. Melendez	
		1701 Washington str. #601	
		Hollywood ,FL ,33020	
MGMR		Plamen I. Parvanov	
		1701 Washington str. #601	
		Hollywood FL 33020	
		•	 -
			
	• •	date of filing:	
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