# V90VVV 87026

(Re	equestor's Name)	<del>.</del>
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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B. KOHR SEP 1 0 2009 EXAMINER

# **COVER LETTER**

то:	Registration Sec Division of Corp						
SUBJE	ECT:	\	/arite	ch LLC			
50501		Name of Limited	d Liabili	ty Company			- 0 %
The en	closed Articles of C	Organization and fee(s) are so	ubmitted	for filing.			09 SEP -8 1
Please	return all correspor	idence concerning this matte	er to the	following:			o 星
				nningham			<b>3</b>
			Name of	Person			2
			/aritecl	n LLC			
	· · · · · · · · · · · · · · · · · · ·		Firm/Co			TR /T P\ ATF	9/2/01
		1027 F	Flushir	ng Avenue	בררבע	TIVE DATE_	1170
			Addr				
		0)		El 00704			
		, <u>.                                 </u>		FL 33764 d Zip Code			
		·		chonline.com	,		
		E-mail address: (to be used for	or future	annual report notifi	ication)		
For fu	ther information co	ncerning this matter, please	call:				
	Jamie L. C	Cunningham	at (	727	68	86-5041	
	Name of	Person	- \-	Area Code & Day	time Telep	hone Number	
Enclo	sed is a check for	the following amount:					
<b>/</b> ]\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Cer	5.00 Filing Fee tified Copy itional copy is enc	<u> </u>	\$160.00 Filing Certificate of Certified Cop (additional copy	Status & y
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street/Courier Registration Sec Division of Con Clifton Building 2661 Executive Tallahassee, FL	tion porations Center C		

EFFECTIVE DATE  $9/3/\sigma 9$ 

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
Va	ritech LLC
	nited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Compa
Principal Office Address:	Mailing Address:
1027 Flushing Avenue	1027 Flushing Avenue
Clearwater, FL 33764	Clearwater, FI 33764
ARTICLE III - Registered Agent, Ro (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	
Jami	e L. Cunningham
	Name
1027	Flushing Avenue
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
Clearwater, FL	
Ci	ty, 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..

egistered 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:		Name and Address:
"MGR" = Mana; "MGRM" = Mai		
MOIGH - Mai	aging wiemoer	
MRGM	<del></del>	Jamie L. Cunningham
		1027 Flushing Avenue
		Clearwater, FL 33764
	· <del>_</del>	
(Use attachment	if necessary)	
CLE V: Effective	date, if other than the	date of filing: <u>9-3-09</u> . (OPTION e specific and cannot be more than five business da
CLE V: Effective	date, if other than the sted, the date must be ate of filing.)	
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CLE V: Effective effective date is lis 0 days after the d	date, if other than the sted, the date must be ate of filing.)  GNATURE:  Signature of a member of this document const	r or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution intutes an affirmation under the penalties of perjury
CLE V: Effective effective date is lis 0 days after the d	date, if other than the sted, the date must be ate of filing.)  GNATURE:  Signature of a member of this document constitution that the facts stated her	ror an authorized representative of a member.  etion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury rein are true.)
CLE V: Effective effective date is lis 0 days after the d	date, if other than the sted, the date must be ate of filing.)  GNATURE:  Signature of a member of this document const that the facts stated her	r or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution intutes an affirmation under the penalties of perjury

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