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C. LEWIS

JUL 2 0 2010

EXAMINER

## **COVER LETTER**

TO:

Registration Section

Division of Corporations
SUBJECT: Varpro Property Services 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:
Albert E. Vargas Namoof Person
Varpro Property Services LLC
2710 Valencia Grove Dr. Address
Valrico FL. 33596 City/State and Zip Code
aevargas 180 Verizon. net  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Albert E. Vargas at (813) 431-9208  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S160.00 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 Ciffon Building Tallahassee, FL 32314 Ciffon Building Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Var pro Property S (Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2710 Valencia Grove Dr Valrico, FL. 33594	2710 Valencia Grave Dr. Valnico, Fl. 33596
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	and Agent. Vou must designed an individual or another
The name and the Florida street address of the r	egistered agent are:
rame	egistered agent are:  Quio Vargas
2710 Valence Florida street add	ress (P.O. Box NOT acceptable)
Valrico City, Sta	FL 33596 ute, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
	<del></del>
Registered Agent's Signat	ure (REQUIRED)
(CONTI	NUED)

Page 1 of 2

FILED

Title: "MGR" = Mana "MGRM" = Ma	nger naging Member	Name and Address:	SECRETARY OF S TALLAHASSEE.F
MGR		Geralynn K. M	anlove
		Geralynn K. M 2710 Valencia G Valrico, FL.33591	rove Dr.
MGR		Micah C. Bab	
	<del></del>	6260 SOUTH FIL	
		Littleton, Co. 8	
	_ <del></del>		· <del></del>
ffective date is li	date, if other than the osted, the date must be	date of filing: 07/16/20 specific and cannot be more th	/ <u>O</u> . (OPTIONAL) an five business days pi
CLE V: Effective ffective date is li	date, if other than the osted, the date must be late of filing.)	date of filing: 07/16/20 specific and cannot be more th	/o (OPTIONAL) an five business days p
CLE V: Effective ffective date is li	date, if other than the dated, the date must be late of filing.)	specific and cannot be more th	an five business days p
CLE V: Effective ffective date is li	e date, if other than the casted, the date must be late of filing.)  IGNATURE:  Signature of a member (In accordance with sect	or an authorized representative of tion 608.408(3), Florida Statutes, the eutes an affirmation under the penalties	an five business days programme ber.

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)