

L10000114124

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

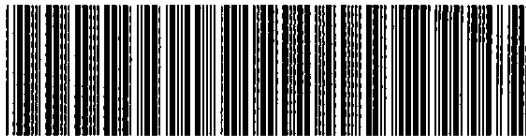
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. CAUSSEAU

NOV 2 2010

EXAMINER

~~S. HAWKES~~

~~OC 26 2010~~

~~EXAMINER~~

L110-50313

October 5, 2010

Vitaly Skuratov  
9471 Baymeadows Road  
Suite 105  
Jacksonville, Florida 32256

Re: Vita Investments, LLC.

Dear Mr. Skuratov,

Thank you for stopping by the office yesterday regarding Vita Investments, LLC. Please find enclosed the Cover Letter and the Articles of Organization for a Florida Limited Liability Company. Please review the documents. If everything is in order, please sign where indicated and mail the Cover Letter and Articles of Organization for a Florida Limited Liability Company, along with a check in the amount of \$125.00, to the following address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please find enclosed a pre-addressed envelope for your convenience.

Also, please find enclosed a copy of the most recent invoice associated with your account. There is another pre-addressed envelope for your convenience, to make a payment to our office.

If you have any questions or concerns regarding any of the documents enclosed, or any other matter, do not hesitate to contact our office. We look forward to hearing from you.

Sincerely,



Michelle McGee  
Law Office of Omar Farooq, PLLC  
PO Box 19815  
Jacksonville, FL 32245  
Phone: (904) 396-9669  
Fax: (904) 396-9613

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Liminga Investments, 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:

Vitaly Skuratov  
Name of Person

Firm/Company

9471 Baymeadows Road, Suite 105  
Address

Jacksonville, FL 32256  
City/State and Zip Code

vitalyskuratov@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vitaly Skuratov at ( 904 ) 564-5622  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2010

VITALY SKURATOV  
9471 BAYMEADOWS ROAD SUITE 105  
JACKSONVILLE, FL 32256

SUBJECT: VITA INVESTMENTS, LLC  
Ref. Number: W10000050313

We have received your document for VITA INVESTMENTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 310A00025305

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Limingq Investments, 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:**

**Mailing Address:**

9471 Baymeadows Road, Suite 105  
Jacksonville, FL 32256

9471 Baymeadows Road, Suite 105  
Jacksonville, FL 32256

**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:

Vitaly Skuratov

Name

9471 Baymeadows Road, Suite 105

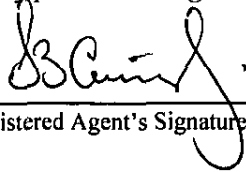
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32256

City, State, and Zip

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10 NOV - 2 AM 11:55  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

*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)

DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
 10 NOV -2 AM 11:55  
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**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

Vitaly Skuratov  
9471 Baymeadows Road, Suite 105  
Jacksonville, FL 32256

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(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**Vitaly Skuratov**

\_\_\_\_\_  
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)**