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EXAMINER

JUN -8 2010

Office Use Only

COVER LETTER

Division of Corporations		
SUBJECT: Village Park Valet		
	ted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Matthew Miller		
	Name of Person	
Village Park Valet		
	Firm/Company	
6631 Crescent Lake Dr		
	Address	20
Lakeland/FL 33813		
	ty/State and Zip Code	ر ا
villageparkvalet@gmail.com		
For further information concerning this matter, please	for future annual report notification)	版 身 :-:::::::::::::::::::::::::::::::::::
Matthew Miller	at (863) 2559320	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
<u>Mailing Address</u> Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	

P.O. Box 6327
Tallahassee, FL 32314

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	
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The name of the Limited Liability Company is:

Village Park Valet L.L.C.

(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:			-
6631 Crescent Lake Dr Lakeland, FL 33813	6631 Crescent Lake Dr Lakeland, FL 33813	1 - L	₽ 3	Para.
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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:

Matthew N	Miller
	Name
6631 Cr	escent Lake Dr
	Florida street address (P.O. Box NOT acceptable)
Lakeland,	_{FL} , 33813
	City, 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:

MGRM	Matthew Miller
	6631 Crescent Lake Dr
	Lakeland, FL 33813
MGRM	Ross VanDeventer
	2655 South Ponte Vedra Blvd
	South Ponte Vedra Beach, FL 32082
	ELL
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTION

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.)

Ross VanDeventer

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)