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(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
11 JUN 28 PM 2:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Washington Virtual

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:

Sainty Anu Thomas

Name of Person

Washington Virtual

2824 Rolling Brook Dr Firm/Company
6900 S. Orange Blossom Trail Suite 400

Address

Orlando FL 32808³⁷

City/State and Zip Code

saintybinu@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sainty Thomas

Name of Person

at (407) 484 0082

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

June 20, 2011

SAINTY ANU THOMAS 2ND ML
WASHINGTON VIRTUAL
6900 S. ORANGE BLOSSOM TRAIL, SUITE 400
ORLANDO, FL 32809

SUBJECT: WASHINGTON VIRTUAL
Ref. Number: W11000031029

We have received your document for WASHINGTON VIRTUAL and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 811A00013914

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Washington Virtual 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:

6900 S. Orange Blossom Trail

Suite 400

Orlando FL 32809

Mailing Address:

2824 Rolling Broak Dr

Orlando FL

32837

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:

Sainty Anu Thomas

Name

2824 Rolling Broak Dr

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

Orlandb

FL 32837

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..

Sainty A Thomas

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATION
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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:

Managing Member

Thomas Chacko

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Filing Date (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:

Sainty A Thomas

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.)

Sainty Anu Thomas

Typed or printed name of signer

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)

FILED
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DIVISION OF CORPORATION
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