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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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JUL 12 2011

**EXAMINER** 



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IN JUL II PH 2: 14

## **COVER LETTER**

	tration Section on of Corporations
SUBJECT: 7	he Village Spiceman
	Name of Limited Liability Company
The enclosed A	rticles of Organization and fee(s) are submitted for filing.
Please return al	l correspondence concerning this matter to the following:
_Joh	n C. Wilson, Jr.
	Name of Person
The	Village Spiceman
	Firm/Company
846	Village Way
	Address
Palm	Harbor, FL
	City/State and Zip Code
village	E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
John C. W	ilson, Jr. at (727 ) 678-9080
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:
\$125.00 Filing	Fee \$\sum_{\$130.00}\$ Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

The Village Spiceman, LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")					
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company				
Principal Office Address:  Mailing Address:					
210 Brevard Ave Cocoa, FL 32922	846 Village Way Palm Harbor, FL 34683				
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another				
The name and the Florida street address  Cynthia J. Wils	ss of the registered agent are:				
Synthia b. Wiis	Name 2				

is;

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.

City, State, and Zip

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

Registered Agent's Signature (REQUIRED)

846 Village Way

Palm Harbor

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address:
MGR	John C. Wilson, Jr.  846 Village Way Palm Harbor, FL 34683
MGRM	Cynthia J. Wilson  846 Village Way  Palm Harbor, FL 34683
(Use attachment if nece	ssary)
	other than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days prior iling.)
REQUIRED SIGNAT	certain
(In accordance constitutes and	with section 108.408(3), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true. It any false information submitted in a document to the Department of State aird degree felony as provided for in s.817.155, F.S.)
<u> Do</u>	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)