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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
MAY 21 2011

EXAMINER

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AILAHASƏEE, FLORIO,

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COVER LETTER

TO: Registration Section Division of Corporations		.
SUBJECT: JOSH BILLIA Name of	VGS CONSTRUCTION Climited Liability Company	LLC
The enclosed Articles of Organization and fee(
Please return all correspondence concerning th	·	
JOSHUA	LEE BLL INGS Name of Person	
	Name of Person	
	Firm/Company	
_	. ,	788 - 8
7287 FOIS	CO LANE	gratink.
	Address	
JARASOTA, FLOR	21AA 34241	5.00 f.
	City/State and Zip Code	
F. mail address: (to be	e used for future annual report notification)	
	·	
For further information concerning this matter,	, please call:	
JOSH BILLINGS Name of Person	at (<u>941</u>) <u>225 –</u> Area Code & Daytime Tele	9603 phone Number
Enclosed is a check for the following amou	unt:	
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of Star		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		(additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section	

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:

The name of the Limited Liability Company is:

·	
JOSH BILINGS CONSTRUC (Must end with the words "Limited Liabi	CTION, LLC.
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
JANASOTA, FLANIDA 34241	FLORISCO LANE SMASOTA, FLORISA 34241
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
JOSHUA LEE Name	BILLINGS FEE
7287 FRISCO LA Florida street ad	dress (P.O. Box NOT acceptable)
Florida street ad SAIA SOTA City, St	FL 34241 atc, and Zip
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

MGR" = Managing Member TOSHUA LEE BULLINGS TOSHUA	T11.13	
Use attachment if necessary) E V: Effective date, if other than the date of filing:	<u> Fitle:</u>	Name and Address:
Use attachment if necessary) E. V: Effective date, if other than the date of filing:		
Use attachment if necessary) E. V: Effective date, if other than the date of filing: ———————————————————————————————————	WORM — Managing Member	
Use attachment if necessary) E. V: Effective date, if other than the date of filing: ———————————————————————————————————	NA C-18	ITDSHIP LEE BYLLINGS
EV: Effective date, if other than the date of filing:		7167 FRISCOLANE
EV: Effective date, if other than the date of filing:		SMAGOTA, FLOTIDA 34241
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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		
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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 \$ 817 155 F.S.)	LE V: Effective date, if other than the dective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a meministration of the state of the date	be specific and cannot be more than five business da Mullipped specific and cannot be more than five business da ber or an authorized representative of a member.
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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)