# L1200095081

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	,	

B.KOHR

EXAMINER

JUL 24 2012



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# FLORIDA DEPARTMENT OF STATE Division of Corporations

July 5, 2012

DOMINICK FINELLI 663 DOVER STREET BOCA RATON, FL 33487

SUBJECT: V.I.P. ENTERPRISES, LLC

Ref. Number: W12000035688

We have received your document for V.I.P. ENTERPRISES, 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

The administratively dissolved entity with a similar name is VIP ENTERPRISES LLC -- Doc. Number L09000046547.

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) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 212A00018111

# **COVER LETTER**

TO: Registration	1 Section Corporations				
FLORIDA	Cor por acions			. 40	ورمين مورين
SUBJECT: V.I.P	P. Enterprises, LLC	;			12 G
•	Name of Limit	ed Liability Co	mpany		12 JUL 23
					23
The enclosed Articles	of Organization and fee(s) are	submitted for f	iling.		
Please return all corre	spondence concerning this mat	ter to the follow	ving:		<u>چ</u>
Dominia	uk Cinaili				3 km 9: 49
Dominic	k Finelli	Name of Person	1		<del></del>
				-	
<del> </del>		Firm/Company			
222 5	0.1	. ,			
663 Dov	er St.	4 1 1			
		Address			
Boca Rate	on, FL 33487				
	Cit	y/State and Zip C	Code		
decalsand	designs@gmail.com	· · · · · · · · · · · · · · · · · · ·			
	E-mail address: (to be used t		report nouncation;	,	
For further information	on concerning this matter, please	call:			
Dominick Finel	li	at (954	, 303-3769	9	
Nam	ne of Person		Code & Daytime Te		_
Enclosed is a check	for the following amount:				
	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy copy is enclosed)	\$160.00 Filing Certificate of S Certified Copy (additional copy i	Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Address tration Section ion of Corporation on Building Executive Center hassee, FL 32301	ons r Circle	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

 $\Upsilon$ V.I.P. Enterprises, 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:		
663 Dover St., Boca Raton, FL 33487	663 Dover St., Boca Raton, FL 33487		
0 0 .	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another		

The name and the Florida street address of the registered agent are:

Dominick Finelli

Name

663 Dover St.

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

Boca Raton

FL 33487

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" = Managing Mer	nber
MGR	Dominick Finelli
	663 Dover St.
	Boca Raton, FL 33487
	**************************************
(Use attachment if necessar	y)
	4 12012
	er than the date of filing: 10/10/10/10
days after the date of filing	te must be specific and cannot be more than five business of
, days after the date of illing	• )

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.)

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)