## L12000101985

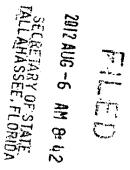
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<i>,</i>

Office Use Only



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J. SAULSBERRY EXAMINER

AUG 8 2012

Cover Letter:

to whom it may concern;

12hola Mondel 650 West Ave #1812 Miami Beach, FL, 33139 (216) 920-6329

TILED
2017 AUG-6 AM 8-42
SECRETARY OF STATE

## **COVER LETTER**

Division of Co				
<sub>SUBJECT:</sub> Vanil	la FL LLC.			
SUBJECT.		ed Liability Company		•
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Yehuda	Mandel			
		Name of Person		
A				
		Firm/Company		2017
650 We	st Ave #1812		.LC ≥C	17 AUG
		Address	TASS	-
Miami Bead	ch, FL, 33139	· · · · · · · · · · · · · · · · · · ·	7 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	5
	· ·	y/State and Zip Code	FLORI	æ (
<u>ymandel@</u>	hotmail.com  E-mail address; (to be used f	or future annual report notification)		N
For further information	concerning this matter, please	•		•
Yehuda Mande	I	at (216 ) 970-6329	9	
Name	of Person	Area Code & Daytime Tele		•
Enclosed is a check for	or 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 Certificate of Sta Certified Copy (additional copy is c	atus &
	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 C Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:  Vanilla FL LLC.					
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
650 West Ave #1812 Miami Beach, FL, 33139	650 West Ave #1812 Miami Beach, FL, 33139				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual for another				
The name and the Florida street address of the re	egistered agent are:				
Glenn Weiss	printer and printe				
Name					
1160 Kane Concourse					
Florida street add	ress (P.O. Box NOT acceptable)				
Bay Harbor Islands	<sub>EI</sub> 33154				

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

Registered Agent's Signature (RECOIRED)

(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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Membe	г
MGR	Yehuda Mandel
	650 West Ave #1812
	Miami Beach, FL, #1812
MGR	Jeremy Medioni
	650 West Ave #1812
	Miami Beach, FL 33139
	2817 SEC
	<u> </u>
	<u> </u>
	mog 7
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other th	nan the date of filing: (OPTIONAL)
(If an effective date is listed, the date i	nust be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
g,	
<b>REQUIRED</b> SIGNATURE:	
1	1. 1.1.
	Julie
Signature of a	member or an authorized representative of a member.
constitutes an affirmati	tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. see information submitted in a document to the Department of State
constitutes a third degre	ee felony as provided for in s.817.155, F.S.)
	Typed or printed name of signee
	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)