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(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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EXAMINER



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EFFECTIVE DATE 1/1 2013

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SEUNCIAN OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section			Y 1		
	Division of Corporations	,	EFFECTI/	/E DATE_11 20	17	
SUBJECT: VINSPEED, LLC.)	
		Name of Limited Liab	ility Company/	1.0 K	· · · · · · · · · · · · · · · · · · ·	
The end	closed Articles of Organization	on and fee(s) are submitte	ed for filing.		22	
Please 1	return all correspondence cor	cerning this matter to the	e following:	75.74		
	Jame	es Scot	Howar		ا برگران دن چ	
		VINSPE		-C.	DE OF	
•		Firm/C	Company		_	
-	1501 Tin Cup Ct. #101					
Panama City Back, FL 33413						
Vindpaddesigns (a gracil . Com E-man address: (to be used for jutture annual report potification)						
For further information concerning this matter, please call:						
Chr	Name of Person	at (2	349. Area Code & Daytime T	5700 elephone Number		
Enclos	ed is a check for the follo	wing amount:				
□\$125.	00 Filing Fee \$130.00 Certific	ate of Status Ce	55.00 Filing Fee & crtified Copy ditional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose		
	Division P.O. Box	on Section of Corporations	Street/Courier Addr Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle		

EFFECTIVE DATE_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address:

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

business entity with an active Florida registration.)

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

City, State, and Zip

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:

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member	James Scot HOWARD 1501 Tincup Ct., #101 Panama City Basch, PL 32413
(Use attachment if necessary)	1. SEL T. 2011 2013 COMMONALLY

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

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)