L13000013074

(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:
,

Office Use Only



800243653168

01/24/13--01013--030 **130.00



JAN 25 7017 D. BRUCE

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Vi+c	a-CoYote Name of Limit	LLC ted Liability Company		
The enclosed Articles of	Organization and fee(s) are	submitted for filing.		
·-	ondence concerning this mat			
Yai	NUARY I.	NAVARRO		
	ta-CoYot			
3127	Novus :	Firm/Company		
۱ <u>۱ ر ار</u>	140403	Address		
SARAS	ota, Floric	da 34237 ty/State and Zip Code		
Value	Cit	ty/State and Zip Code GMAIL Com for future annual report notification)		
THNUAR	E-mail address: (to be used	for future annual report notification)	~ 2	
For further information of	concerning this matter, please	e call:		444
YANUARYN	AVARRO	at (941) 448-	2019 JAN 24 PH 12: 5 SECRETARY OF SIATI LACUASSEE FLC. 50 Shone Number	Const
Name o	of Person	Area Code & Daytime Telep	hone Number	i j
Enclosed is a check fo	r the following amount:		112: 5	Trans.
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	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

Vita-Coyote	LLC	
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")	

ARTICLE II - Address:

ARTICLE I - Name:

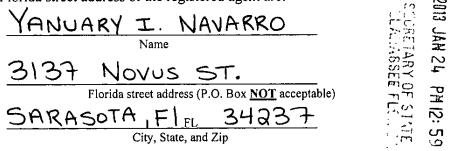
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3137 NOVUS ST.	3137 NOV
SARASOTA, FI 34237	SARASOTA

The name of the Limited Liability Company is:

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 business entity with an active Florida registration.)

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



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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Manager	YANUARY I. NAVARRO 3137 NOVUS ST. SARASOTA, FI 34237
(Use attachment if necessary) LE V: Effective date, if other that effective date is listed, the date of filing or 90 days after the date of filing.	n the date of filing: (OPTIONAmust be specific and cannot be more than five busine
LE V: Effective date, if other that effective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE:	must be specific and cannot be more than five busine ag.)
LE V: Effective date, if other that effective date is listed, the date or 90 days after the date of filing recorded and signature of a management of the second of the sec	must be specific and cannot be more than five busine

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)