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(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
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J. SAULSBERRY **EXAMINER**

MAY 8 2013

COVER LETTER

t	•	COVER	BBIIBR		
TO:	Registration S Division of Co		•	·	
SUBJE	ECT:	Vincent Trust. Name of Limited 1	LLC Liability Company		
The en	closed Articles o	f Organization and fee(s) are sub-	mitted for filing.		
Please	return all corresp	ondence concerning this matter t	the following:		
		Daniel A. Vincer	ut, Jr.		
		Na	me of Person		
		Vincent Trus	t LLC m/Company	Land A	21
·		Fi	m/Company	rae v²	
		500 Sever	n Avenue	, 23 	AY -
			Address	**;	6
		Tampa, F	n Avenue Address L 33606 ate and Zip Code The gmail-counture annual report notification)	12 m	2013 MAY - 6 AM 8:
•		City/St	ate and Zip Code	· Carlos of Carl	\sim
_	······································	dav. tci	in a gmail-co	M	5
For fur	ther information	concerning this matter, please cal	1:		
Dani	ill or Janr Name	na Vincent at of Person	(<u>813</u>) <u>837</u> – Area Code & Daytime Tele	1595 phone Number	
Enclos	sed is a check fo	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 Fee Certificate of Status Certified Copy (additional copy is enclosed)	s &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	.	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassec, FL 32301

· ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:			
Vincent Tr	-ust, LLC			
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	<u>.</u>		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Li	ability Co	mpany	is:
Principal Office Address:	Mailing Address:			
500 Severn Avenue Tampa, FL 33606	500 Severn , Tampa, FL 3	Avenue 3606	レ	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)			er	
The name and the Florida street address of the	e registered agent are:	F- 7	2013 MAY - 7	* ~
Doniel A,	Vincent, Jr.		4-	i Albertalis R Provinces B
Na	me	7	=	g mayer.
500 Sever	n Avenue	3.1	တ္	, 40 40
Florida street	address (P.O. Box NOT acceptable)	-	25	
Tampa	FL 3360Le State, and Zip		Ο.	
City	, State, and Zip			
			. 11.	

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 (XEQUIRED

(CONTINUED)

Page 1 of 2

ARTICLE	IV.	Managerí	(e) or	Mans	aging	Membe	r(e).
ANTICLE	14-	Manager	S) UI	TATMIN	aging	MICHING	1(3).

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = 1	Manager = Managing Member	Name and Address:			
	2 R	Daniel A. Vincent Jr. 500 Severn Avenue Tampa, FL 33606			
	STR_	Janna K. Vincent 500 severn Avenue			
		Tampa, FL 33606			
·	iment if necessary)	passing Date of Alica W	ODTION	A I \	
(If an effective da prior to or 90 days	te is listed, the date must be after the date of filing.)	te of filing: Date of filing. (especific and cannot be more than five	ve busine	ss days	
<u>REQUIRI</u>	ED SIGNATURE:				
	De	lay		2013	
	(In accordance with section 608.408 constitutes an affirmation under the I am aware that any false informatio constitutes a third degree felony as		are true.	2013 MAY - & AM 8:	The second
	<u>Daniel</u> Typed	A Vincent Jr. or printed name of signee		မှ ဗိ	

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)