L13000123052

| (Re | equestor's Name) | | |
|-------------------------|-------------------|-------------|--|
| (Ad | ldress) | | |
| (Ad | ldress) | | |
| (Cit | ty/State/Zip/Phon | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nar | me) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to | Filing Officer: | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



900251136079

08/29/13--01005--002 **125.00

FILEU

SECRETARY OF STATE
SECRETARY OF STATE

| (850) 245-6 | 9 95 | 1 |
|-------------|-----------------|---|
|-------------|-----------------|---|

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Versatude, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Versatude, LLC Firm/Company 2788 Northcote Drive Address Palm Harbor, Florida 34684 City/State and Zip Code versatudellc@gmail.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Douthirt 727 465-6936

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status

Certificate of Status

Certified Copy
(additional copy is enclosed)

S160.00 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Versatude, 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: 2788 Northcote Drive 2788 Northcote Drive Palm Harbor, FL 34684 Palm Harbor, FL 34684 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: **Eric Douthirt** Name 2788 Northcote Drvie Florida street address (P.O. Box NOT acceptable)

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 (REQUIRED)

Palm Harbor, FL 34684

(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> "MGR" = Manager | Name and Address: | | |
|--------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------|
| • | "MGRM" = Managing Member | | | |
| | MGRM | Eric Douthirt | | |
| | | 2788 Northcote Drive | | |
| | | Palm Harbor, FL 34684 | | |
| | MGRM | Ivan Pena | | |
| | | 1464 San Diego Drive | • | |
| | | Dunedin, FL 34698 | • | |
| | | | | |
| | | | • | |
| | | | , | |
| | | | | |
| | | | | |
| | (Use attachment if necessary) | | | |
| ART | ICLE V: Effective date, if other than | the date of filing: (OPTIO | NAL) | |
| (If an | effective date is listed, the date m | oust be specific and cannot be more than five bus | iness days | |
| prior | to or 90 days after the date of filing | .) | 7 SEC 23. | |
| | | • | | 71 |
| | REQUIRED SIGNATURE: | | ASS 29 | E |
| | 0 | | AUG 29 MI 11: 38 | TLED |
| | Cu | | EST = | |
| | Signature of a men | nber or an authorized representative of a member. | 哥哥 | |
| | constitutes an affirmation ur I am aware that any false inf | 608.408(3), Florida Statutes, the execution of this document older the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) | | , |
| | Eric Douthirt | | | |
| | | 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)