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JAN 1 0 2019 T. **HAMPTON**

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Vai' Datha, 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:
Jenenne Valentino-Bottaro
Name of Person
Firm/Company
601 2nd Avenue
Address
Lady Lake, FL 32159
City/State and Zip Code
jvalentinobottaro@comcast.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jenenne Valentino-Bottaro at (352) 636-5466
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Status} \text{Status} \text{Status} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(additional copy is enclosed)}
Mailing Address Registration Section Street/Courier Address Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Compar	ny is:		
Vai' Datha, t.LC			
(Must end with the w	vords "Limited Liability	Company, "L.L.C.,	" or "LLC.")
ARTICLE II - Address:			
The mailing address and street address of	the principal office of the	ne Limited Liability	Company is:
Principal Office Address:	Mailing Addr	ess:	
601 2nd Avenue	601 2n	d Avenue	
Lady Lake, FL 32159	Lady L	ske, FL 32159	
The name and the Florida street address of	•	c:	_
	Name		
601 2nd Avenue Florida street add	iress (P.O. Box NOT ac	cceptable)	-
Lady Lake	 F3	32159	
	City	Zip	_
Having heen named as registered agent at the place designated in this certificate, capacity. I further agree to comply with of my duties, and I am familiar with and Registered	I hereby accept the app the provisions of all stated accept the obligations Chapter 605, I Agent's Signature (RE)	ointment as registere autes relating to the p of my position as reg	d agent and agree to act in this proper and complete performance
	(CONTINUED)		
ı	Page 1 of 2		ZON J

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
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(Use attachment if necessary)		
ctive date is listed, the date must b f filing.)	date of filing:e specific and cannot be more than five bu	(OPTIONAL) isiness days prior to or 9
ective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five bu	(OPTIONAL) isiness days prior to or 9
REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmati I am aware that any fal constitutes a third degr	a member or an authorized representative tion 605.0203 (1) (b), Florida Statutes, the eon under the penalties of perjury that the facse information submitted in a document to the teleony as provided for in s.817.155, F.S.)	e of a member. execution of this documents stated herein are true. the Department of State
REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmati I am aware that any fal constitutes a third degr	a member or an authorized representative tion 605.0203 (1) (b), Florida Statutes, the eon under the penalties of perjury that the facse information submitted in a document to the	e of a member. execution of this documents stated herein are true. the Department of State
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