## L/4000022559

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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2014 FEB - 8 MINI : A I SECRETARY OF STATE FALLAHASSEE, FLORIDA

## **COVER LETTER**

ro:	Registration Section Division of Corporations	
SUBJEC	CT: VLT Solutions	
	Name of Limited Liability Company	
The encl	losed Articles of Organization and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	Vicki Turner	
	Name of Person	
	VLT Solutions	
	Firm/Company .	
	1327 Naples Lake Drive	2014
	Delta de la companya del companya del companya de la companya de	2014 FEB
	Naples, FL, 34-104 STA	
	VILOTU @ Yahoo. com	
	City/State and Zip Code  VILOTU @ Yaroo · Com  E-mail address: (to be used for future annual report notification)  Description of the content	
For furth	ner information concerning this matter, please call:	-
Vı	CKI TUYNEY at (239) 919 - 6673  Name of Person Area Code Daytime Telephone Number	
D1	No. 1. d. Carba Cillaria amana	
/	d is a check for the following amount:  0 Filing Fee U\$130.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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:
VLT SOLUTIONS 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:
1327 Naples Lake Drive 1327 Naples lake Drive Naples fl 34104 Naples fl 34104
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:
VICKI TWINEY Name  VICKI TWINEY NAME  TI
Florida street address (P.O. Box NOT acceptable)
Naples FL 34104 City Zip Char
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 605, F.S
Registered Agent's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Vicki Turner 1327 Napies Lake Drive Napies FL 34104	
•		
(Use attachment if necessary)	2014 FEB -	
date of filing.)	c:	ys a
FICLE VI: Other provisions, if any.	Drii _	
REQUIRED SIGNATURE:	•	
REQUIRED SIGNATURE:	- 5h	
Signature of a member o  (In accordance with section 605.0203 (1) (b constitutes an affirmation under the penalties of perjuical am aware that any false information submitted in a d	ocument to the Department of State	
Signature of a member of a mem	o), Florida Statutes, the execution of this document ry that the facts stated herein are true. locument to the Department of State 117.155, F.S.)	

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