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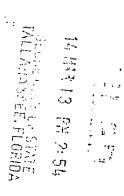
(Red	questor's Name)	
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1. SHOWERS MAR 1 △ 2014

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	VINTAGO Name of Lin	nited Liability Company	
The enclosed Articles of C	Organization and fee(s) ar	e submitted for filing.	
Please return all correspor	dence concerning this ma	atter to the following:	
<u></u>	Holl	Gibson	
		Name of Person	
	Vintra	e Ufe LLC Firm/Company	
		Firm/Company	
<del></del>	950 Mai	40 Trail	
		Address	
	vestview, Flo	rida 32536 ity/State and Zip Code	
holl	Mangley albso	Mystate and 2:1) Code  Mystate and 2:1) Code  Mystate annual report notifical	tion)
For further information co	ncerning this matter, plea	se call:	
Holly Gir	at (at (	850 (a) 3-38 Area Code Daytime Tele	2)30 ephone Number
Enclosed is a check for the	e 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)
	Address	Street/Courier Addr	<u>ess</u>
	tion Section of Corporations	Registration Section Division of Corporati	ons
P.O. Bo	x 6327	Clifton Building	
Tallahas	see, FL 32314	2661 Executive Center	er Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Vinta	ac Life LLC
(Must end with the	words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
150 mayo trail	950 mayo hail
	(NC) MENA + 1, 25224
ARTICLE III - Registered Agent. Regi	
The Limited Liability Company cannot s	gistered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individual lorida registration.)
(The Limited Liability Company cannot sanother business entity with an active Flo	gistered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individual lorida registration.)
The Limited Liability Company cannot s	gistered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individual lorida registration.) of the registered agent are:
The Limited Liability Company cannot sanother business entity with an active Floring	gistered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individual lorida registration.) of the registered agent are:  Name
The Limited Liability Company cannot sanother business entity with an active Floring	gistered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individual lorida registration.) of the registered agent are:  Name
The Limited Liability Company cannot sunother business entity with an active Florida street address of the name and the Florida street address of the company cannot sunother business entity with an active Florida street address of the company cannot sunother business entity with an active Florida street address of the company cannot sunother business of the compan	gistered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individual lorida registration.) of the registered agent are:  Name
The Limited Liability Company cannot sunother business entity with an active Florida street address of the name and the Florida street address of the company cannot sunother business entity with an active Florida street address of the company cannot sunother business entity with an active Florida street address of the company cannot sunother business of the compan	gistered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individual lorida registration.) of the registered agent are:  Name

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

Title: "AMBR" = Authorized Member "MGR" = Manager AMBR	Name and Address:  Holly Gibson  950 mayo trail  Crestview, Cl 32536
	<del></del>
of filing.)	ne date of filing: 3/10/14 (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than trective date is listed, the date mus	· · · · · · · · · · · · · · · · · · ·
EV: Effective date, if other than t fective date is listed, the date mus of filing.)	· · · · · · · · · · · · · · · · · · ·
LE V: Effective date, if other than to lective date is listed, the date must of filling.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false)	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2