L14000069491

(Re	questor's Name)	
(Ąd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700258787227

04/14/14--01033--023 **125.00



APRIL 6 2014

COVER LETTER

TO: Registration Division of	i Section Corporations			
SUBJECT:	VP EVEN Name of Lin	ITS LLC nited Liability Company		
The enclosed Articles	of Organization and fee(s) ar	e submitted for filing.		
Please return all corre	spondence concerning this m	atter to the following:		
	Vicki 1	TEARSON		
		Name of Person		
		Firm/Company		
	P.O. Box	3803		
		3803 Address		
	BOYNTON	BEACH FL: City/State and Zip Code LLC @ YAHOO d for future annual report notifica	33424-386	3
	C	Sity/State and Zip Code	0	
<u></u>	V P EVENTS DE-mail address: (to be used	d for future annual report notifica	2011 APR 14	
	on concerning this matter, plea		APR.	
/			SSE WAY	
Vicaci le	ne of Person	561) 573- Area Code Daytime Tel	lephone Number of	हान 🖺
Enclosed is a check for	or the following amount:		<u>8</u> 0	, ,
\$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	ed)
	iling Address sistration Section	Street/Courier Addi Registration Section	<u>ress</u>	

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 Company is:	
Must end with the words "Limited Liability Company, "L.L.C.," or	
(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 Con	npany is:
Principal Office Address: Mailing Address:	
BOYNTON BEACH FLORIDA 33436 10143 EAGUEWOOD TERR, A BOYNTON BEACH BOYNTON BEACH FLORIDA 33436 FL 33424	803 CH 1-3803
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must design another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Vica Pearson	
Name	
Florida street address (P.O. Box NOT acceptable)	
Florida street address (P.O. Box NOT acceptable)	
BOYNTON BEACH FL 33436	
City Zip	
Having been named as registered agent and to accept service of process for the above state the place designated in this certificate, I hereby accept the appointment as registered ag capacity. I further agree to comply with the provisions of all statutes relating to the prope of my duties, and I am familiar with and accept the obligations of my position as register Chapter 605, F.S	ent and agree to act in this er and complete performance
Pegistared Agent's Signature (REOLIDED)	
Registered Agent's Signature (REQUIRED) (CONTINUED) Page 1 of 2	APR 14 PH 4
	第 5

Title: "AMBR" = Authorized N "MGR" = Manager	Member
" WGR"	VICKI A. PEARSON 10143 EAGLEWOOD TERM UNITA BOYNTON BEACH, FL 334
(Use attachment if necess	sary)
fective date is listed, the door of filing.)	her than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90
fective date is listed, the door of filing.)	date must be specific and cannot be more than five business days prior to or 90
fective date is listed, the door of filing.)	fany. JRE:
REQUIRED SIGNATU Sig (In accordance constitutes an a l am aware that	fany. JRE: Instruct of a member or an authorized representative of a member. With section 605.0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true. It any false information submitted in a document to the Department of State aird degree felony as provided for in s.817.155, F.S.)
REQUIRED SIGNATU Sig (In accordance constitutes an a l am aware that	fany. JRE: Transport to a member or an authorized representative of a member. With section 605.0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true, the any false information submitted in a document to the Department of State
REQUIRED SIGNATU Sig (In accordance constitutes an a l am aware that constitutes a th	IRE: Inature of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true. It any false information submitted in a document to the Department of State any false information as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Articles of Organization and Designation of Registered Agent by (Optional)