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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Aunt Vi C S L C 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:
Preston F. JAVVIS. Name of Person
Aunt Victs LLC Firm/Company
22015. Sherman Cir API D30
City/State and Zip Code PJARVIS 12 B VANOR. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Preston Javus 954 655-047/ Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 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:	نب ت
The name of the Limited Liability Company is:	沙型
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	E FLOM
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	맞하
Principal Office Address: Mailing Address:	
2201 5. Sherman Cir 22015. Sherman Ci. Apt D-307 Miramar, Fz 33025 Miramar, Fr 3306	r 25
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 another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Preston F. Janus Name 2201 S. Sheman Cir Aff D. Florida street address (P.O. Box NOT acceptable)	307
Miramar FL 33025 City Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability of the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perf of my duties, and I am familiar with and accept the obligations of my position as registered agent as provide Chapter 605, F.S Registered Agent's Signature (REQUIRED)	in this formance
(CONTINUED)	

Page 1 of 2

,	ARTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Company:			
	Title: "AMBR" = Authorized Member "MGR" = Manager MGR MGR	Name and Address: Preston F. Jarvis 22015 Sherman Cir Anira mar, Fr. 33625	- - -	
			- - - -	
	. <u>-</u>		- - 	
	(Use attachment if necessary)			
(If an e the date	LEV: Effective date, if other than the date of fective date is listed, the date must be spece of filing.) LEVI: Other provisions, if any.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or	90 days after	
,	REQUIRED SIGNATURE:	fon 2. Jain	_	
	(In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)	24 5 24 5 26 6 26 6 26 6 26 6 26 6 26 6 26 6 26	
	constitutes a time degree ferony			
	Prest	Typed or printed name of signee		
	Prest	Filing Fees:	MSSEPTED ME	
	Prest		INSTALL STANDA	