## L14000189166

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
_	_	
PICK-UP	☐ WAIT	MAIL
•		
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
Opecial matructions to	r ining Onicer.	
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Office Use Only



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SECRETARY OF STATE

T. Burch DEC 1 1

## **COVER LETTER**

TO:	Registration Sect Division of Corpo			
SUBJI	CCT: <u>Vintage Mar</u>	garet LLC Name of Lin	nited Liability Company	<del></del>
The en	closed Articles of O	rganization and fee(s) ar	e submitted for filing.	
Please	return all correspond	dence concerning this ma	atter to the following:	
	<u>Lynn M Lessa</u>	ak	Name of Person	
• •	Vintage Marg	aret LLC		·
			Firm/Company	
• .	70 Harwich C	ircle	Address	
٠	Englewood, F		ity/State and Zip Code	
lle	ssak@comcast.ne E-	of .	for future annual report notifica	tion)
For fur	ther information con	cerning this matter, plea	se call:	
<u>Lynn l</u>	A Lessak Name of	at ( <u> </u>		ephone Number
Enclos	ed is a check for the	following amount:		
\$125.0		\$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)

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

Vintage Margaret	u c				
vintage margaret	(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LL	.C.")		
ARTICLE II - Add					
The mailing address	and street address of the principa	al office of the Limited Liability Compar	ty is:		
Principal Office Ad	ldress:	Mailing Address:			
70 Harwich Circle		70 Harwich Circle			
Englewood, FL 34	223	Englewood, FL 34223			
		_ <del>iim</del> _2*	<del></del>		
(The Limited Liabili another business en			ETARY HASSEI	- <del>1</del>	
	Timothy J Lessak II			3	
·		ame	15 15 15	E,	
	70 Harwich Circle		66	₽ 30	
	Florida street address (P.O.	Box NOT acceptable)	12.		
	Englewood	FL 34223			
	City	Zip			
the place designe capacity. I further	ated in this certificate, I hereby ac agree to comply with the provision	ot service of process for the above stated li ecept the appointment as registered agent ons of all statutes relating to the proper a e obligations of my position as registered o	and agree to ac nd complete per	ct in th rform	his ance

tred Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
ANIBR	LYNN 11 LESSAK
	TO HARWICH CIRCLE
	ENGLE WOOD FL 34223
AMBR	TIMOTHY J LESSAK I
	10 HARWICH CIRCLE
	ENGLEWOOD, FL 34223
	A A
•• '	(N)
	<u> </u>
	71 · 7
E V: Effective date, if other than the date of ective date is listed, the date must be speci	f filing: 1/1/2015 (OPTIONS) ific and cannot be more than five business days prior to or
E V: Effective date, if other than the date of ective date is listed, the date must be special filling.)	
E V: Effective date, if other than the date of ective date is listed, the date must be special filing.)	
E V: Effective date, if other than the date of ective date is listed, the date must be speciffiling.)  E VI: Other provisions, if any.	
E V: Effective date, if other than the date of ective date is listed, the date must be speciffiling.)  E VI: Other provisions, if any.	ific and cannot be more than five business days pr <del>ior</del> to or
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem	ific and cannot be more than five business days prior to or  M Lesak ber or an authorized representative of a member.
E V: Effective date, if other than the date of ective date is listed, the date must be special filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605.)	ific and cannot be more than five business days prior to or  Lesak ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this documen
E V: Effective date, if other than the date of ective date is listed, the date must be special filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605, constitutes an affirmation under the ective date of the section of the ection of the	ific and cannot be more than five business days prior to or  Lessak  ber or an authorized representative of a member.  0203 (1) (b), Florida Statutes, the execution of this documenthe penalties of perjury that the facts stated herein are true.
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E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605, constitutes an affirmation under t I am aware that any false information constitutes a third degree felony:  Lynn M Lessak	the penalties of perjury that the facts stated herein are true.  as provided for in s.817.155, F.S.)

ARTICLE IV-