

L14000 190748

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requ	uestor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Addr	ess)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Addr	ess)	
(Business Entity Name) (Document Number) Certified Copies	(City/	State/Zip/Phon	e #)
(Document Number) Certified Copies Certificates of Status	PICK-UP	☐ WAIT	MAIL
Certified Copies Certificates of Status	(Busi	ness Entity Na	me)
	(Docu	ıment Number))
Speciał Instructions to Filing Officer:	Certified Copies	Certificate	s of Status
	Special Instructions to Fi	ling Officer:	



400267128244

12/08/14--01007--028 **125.80

14 DEC -8 AH 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORID.

J. Shivers DEC 1 5 2014

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	The Vilcina G	roup LLC.	
	The VICINA G	mited Liability Company	
The enclose	d Articles of Organization and fee(s) a	re submitted for filing.	
Please return	n all correspondence concerning this n	natter to the following:	
	Neauno	e Peek Name of Person	
		Name of Person	
	The Vilcina Gro	up LLC.	
·		Firm/Company	
,	9971 Re	d Heart Lane	2
•		Address	
	Tamarac	F1. 33321	
-		City/State and Zip Code	
	Kimyatta	F1. 33321 City/State and Zip Code 1 O Yahoo. Com d for future annual report notifica	<u>) </u>
	E-mail address: (to be use	d for future annual report notifica	ition)
For further i	nformation concerning this matter, ple	ase call:	
Neau	nce Peek at (678,672-94	52
	Name of Person	Area Code Daytime Tel	ephone Number
Enclosed is	a check for the following amount:		
/	ing Fee \$\square\$\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Addr	ress .
	Registration Section Division of Corporations	Registration Section Division of Corporati	ions
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The Vilcina Group L.L.C. (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:	
9971 Red Heart Lane Tamarac F1. 33321	
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.)	or
The name and the Florida street address of the registered agent are:	
Neaunce Peek Name	
Name	
9971 Red Heart Lane	
Florida street address (P.O. Box NOT acceptable)	
Tamarac F1. 32321 City Zip	
City Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability continuous 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 perform of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided Chapter 605, F.S.	in this ormance
TALS:	·
Registered Agent's Signature (REQUIRED)	L DEC
(CONTINUED)) (maren
Page 1 of 2	El «British

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees:	Title:		Name and Address:	
Use attachment if necessary) 2. V: Effective date, if other than the date of filing: citive date is listed, the date must be specific and cannot be more than five business days prior to or filling.) 2. VI: Other provisions, if any. 2. VI: Other provisions, if any. 2. VI: Other provisions, if any. 3. VI: Other provisions, if any. 3. VI: Other provisions, if any provisions and provided representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are provided for in a waver that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) 3. Paunce Peek Typed or printed name of signee Filing Fees:		zed Member		
Use attachment if necessary) E. V: Effective date, if other than the date of filing:			william	Vilcino.
Use attachment if necessary) E. V: Effective date, if other than the date of filing:	AITION			
Use attachment if necessary) E.V: Effective date, if other than the date of filing:				23321
Use attachment if necessary) E. V: Effective date, if other than the date of filing:			- MITHIAC III	<u> </u>
Use attachment if necessary) E. V: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:		_		· · · · · · · · · · · · · · · · · · ·
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:			•	
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Cauch Ce Peck Typed or printed name of signee Filing Fees:	Use attachment if n	ecessary)		
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Cauch ce Peck	ctive date is listed,	if other than the date of fil the date must be specific	ing:and cannot be more than five l	(OPTIONAL) ousiness days prior to or
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein abstrue. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	ctive date is listed, filing.) EVI: Other provision	the date must be specific ns, if any.	and cannot be more than five l	ousiness days prior to or
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees:	ctive date is listed, filling.) CVI: Other provision	the date must be specific ns, if any.	and cannot be more than five l	ousiness days prior to or
constitutes an affirmation under the penalties of perjury that the facts stated herein afterue. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees:	ctive date is listed, filling.) EVI: Other provision	the date must be specific ns, if any. ATURE:	and cannot be more than five l	ousiness days prior to or
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Peaunce Peek Typed or printed name of signee Filing Fees:	ctive date is listed, filing.) CVI: Other provision REQUIRED SIGN.	ATURE: Signature of a member	and cannot be more than five leading to the second	ve of a member.
Neaunce Peek Typed or printed name of signee Filing Fees:	ctive date is listed, f filing.) E VI: Other provision REQUIRED SIGN. (In accord)	ATURE: Signature of a member ance with section 605.020	r or an authorized representation (1) (b), Florida Statutes, the expression (1) (2) (3) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	ve of a member.
Typed or printed name of signee Filing Fees:	ctive date is listed, f filing.) C VI: Other provision REQUIRED SIGN (In accord constitutes I am aware	ATURE: Signature of a member ance with section 605.020 an affirmation under the ethat any false informatic	r or an authorized representation (1) (b), Florida Statutes, the expensalties of perjury that the facts on submitted in a document to the	ve of a member. secution of this documents stated herein are true.
Filing Fees:	ctive date is listed, f filing.) C VI: Other provision REQUIRED SIGN (In accord constitutes I am aware	ATURE: Signature of a member ance with section 605.020 an affirmation under the ethat any false informatic	r or an authorized representation (1) (b), Florida Statutes, the expensalties of perjury that the facts on submitted in a document to the	ve of a member. eccution of this documents stated herein are true. Department of State
Filing Fees:	CVI: Other provision REQUIRED SIGN (In accord constitutes I am aware	ATURE: Signature of a member ance with section 605.020 an affirmation under the e that any false information a third degree felony as	r or an authorized representation of perjury that the facts on submitted in a document to the provided for in s.817.155, F.S.)	ve of a member. secution of this document stated herein are true. Department of State
	Cive date is listed, Filing.) VI: Other provision REQUIRED SIGN (In accord constitutes I am aware	ATURE: Signature of a member ance with section 605.020 an affirmation under the e that any false information a third degree felony as	r or an authorized representation of perjury that the facts on submitted in a document to the provided for in s.817.155, F.S.)	ve of a member. eccution of this document is stated herein are true. Department of State
	Citive date is listed, filing.) VI: Other provision REQUIRED SIGN (In accord constitutes I am aware	ATURE: Signature of a member ance with section 605.020 an affirmation under the e that any false information a third degree felony as	r or an authorized representation of perjury that the facts on submitted in a document to the provided for in s.817.155, F.S.)	ve of a member. secution of this documents stated herein are true.
	(In accord constitutes I am aware constitutes	ATURE: Signature of a member ance with section 605.020 an affirmation under the e that any false information a third degree felony as part of the company o	r or an authorized representation of the following submitted in a document to the provided for in s.817.155, F.S.) Peerle or printed name of signee	ve of a member. secution of this document is stated herein are true. Department of State
\$ 30.00 Certified Copy (Optional)	VI: Other provision EQUIRED SIGN (In accord constitutes I am award constitutes I award constitutes I award constitutes I award constitutes I award constitutes	ATURE: Signature of a member ance with section 605.020 an affirmation under the that any false information a third degree felony as particularly for a for Articles of Organization of the contraction of	r or an authorized representation of the following submitted in a document to the provided for in s.817.155, F.S.) Peciloped or printed name of signee Filing Fees:	ve of a member. secution of this document is stated herein are true. Department of State A SSEE A SS