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Florida Department of State
Division of Corporations
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To: Division of Corporations
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DIVISION OF CORPORATIONS
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FLORIDA LIMITED LIABILITY CO.
Vertigo PLH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 29 PM 4:40

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12/29/2014



December 29, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

SUBJECT: VERTIGO PLH, LLC
REF: W14000076157

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please remove the word Incorporator from your document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H14000293057
Letter Number: 514A00027275

RECEIVED
14 DEC 29 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O. BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I. NAME

The name of the Limited Liability Company is: Vertigo PLH, LLC

ARTICLE II. PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/mailing address is: 10630 Hatteras Drive
Tampa FL 33615

ARTICLE III. Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida Street address of the initial registered agent is: Allen M. Starr
10630 Hatteras Drive
Tampa FL 33615

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 681, F.S.

Allen M. Starr

Signature of Registered Agent

12-18-2014

Date

ARTICLE IV. Manager(s)

The name, title and address of each person authorized to manage and control the Limited Liability Company:

MGR

Allen M. Starr
10630 Hatteras Drive
Tampa FL 33615

ARTICLE V. EFFECTIVE DATE

The effective date of this filing: Immediately upon 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.)

Allen M. Starr

Signature/ MGR

ALLEN STARR

Printed Name of Signee

12-18-2014

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA