

L15000072812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

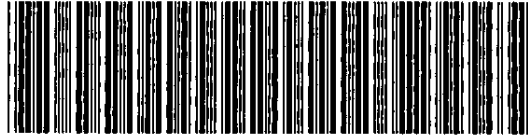
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300268709463

02/18/15--01002--002 \*\*130.00

FILED  
15 FEB 18 AM 9:59  
RECEIVED  
DEPARTMENT OF STATE  
WASHINGTON, DC 20520-1200

RECEIVED FEB 24 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** V.I.P. Properties To Go LLC  
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:

Cathy S. Munley  
Name of Person

V.I.P. Properties To Go LLC  
Firm/Company

12430 Harney DR.  
Address

Orlando FL 32828  
City/State and Zip Code

M-mun@cfi.cc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy S. Munley at ( 321 ) 295-2387  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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)

**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:

The name of the Limited Liability Company is:

V.I.P. Properties To Go LLC  
(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:

12430 HARNEY DRIVE  
ORLANDO FL 32828

Mailing Address:

12430 HARNEY DRIVE  
ORLANDO FL 32828

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 or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Cathy S. Munley  
Name

12430 HARNEY DRIVE  
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FL 32828  
City Zip

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 605, F.S.

Cathy S. Munley  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
15 FEB 18 AM 8:59  
NOTARY OF STATE  
TALLAHASSEE, FLORIDA

**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

AMBR

MGR

MGR

**Name and Address:**

Cathy S. Munley  
12430 Harney Dr.  
Orlando FL 32828

Martin W. Munley  
12430 Harney Dr.  
Orlando FL 32828

Jacqueline Martin  
536 S. Conway Rd. Apt G  
Orlando FL 32807

Constance Hodgson  
361 Lake Lenelle  
Orlando FL 32766

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2-13-15 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Cathy S. Munley  
**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.)

Cathy S. Munley  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED  
15 FEB 18 AM 8:59  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE