

L15000037008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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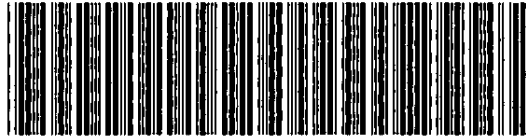
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 FEB 23 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 27 2015

T. HAMPTON

69201-510

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: 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:

NEELY M. PEDEN, ESQ
c/o Malik Law, P.A.
907 Outer Rd.
Suite B
Orlando, Florida 32814
npeden@imaliklaw.com (to be used for future annual report notification)

For further information concerning this matter, please call NEELY PEDEN, ESQ. at 407-203-5303.

Enclosed is a check for the following amount: \$125.00 Filing Fee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

REC-1 12
15 FEB 23 AM 10:00

DEPT. OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

February 11, 2015

NELLY M PEDEN, ESQ
% MALIK LAW PA
907 OUTER RD - STE B
ORLANDO, FL 32814

SUBJECT: VMGO, LLC
Ref. Number: W15000010269

We have received your document for VMGO, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tammy Hampton
Regulatory Specialist III

Letter Number: 515A00002905

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VMGO, 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:

5233 TILDENS GROVE BLVD
WINDERMERE FL 34786

Mailing Address:

5233 TILDENS GROVE BLVD
WINDERMERE FL 34786

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:

NEELY M PEDEN, ESQ

Name

907 OUTER RD. SUITE B

Florida street address (P.O. Box NOT acceptable)

ORLANDO

City

FL

32814

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..

Neely M. Peden

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR

MGR

Name and Address:

VICTOR ORLANDO

5233 TILDENS GROVE BLVD

WINDERMERE FL 34786

MARIE ORLANDO

5233 TILDENS GROVE BLVD

WINDERMERE FL 34786

GIOVANNI ORLANDO

5233 TILDENS GROVE BLVD

WINDERMERE FL 34786

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:



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.)

VICTOR ORLANDO

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA