

L15000039017

(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



200268084342

01/26/15--01032--007 **125.00

Effective Date

1/20/15

FILED
15 JAN 26 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 4 2015

T. HAMPTON

1458-512

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VOTI, 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:

Angelique Wakim-Saliba _____
Name of Person

VOTI, LLC. _____
Firm/Company

P. O. Box 621 _____
Address

Palm Harbor, FL 34682 _____
City/State and Zip Code

alwsaliba@mail.com _____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelique Wakim-Saliba at (727) 488-3173
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 MAR -3 AM 10:00

DEPT. OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION

February 16, 2015

ANGELIQUE WAKIM-SALIBA
P O BOX 621
PALM HARBOR, FL 34682

SUBJECT: VOTI, LLC
Ref. Number: W15000008344

We have received your document for VOTI, 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):

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

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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: 315A00003245



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 FEB 13 AM 10:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

February 4, 2015

ANGELIQUE WAKIM-SALIBA
P O BOX 621
PALM HARBOR, FL 34682

SUBJECT: VOTI, LLC
Ref. Number: W15000008344

We have received your document for VOTI, 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):

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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: 915A00002337

Effective Date 1/20/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VOTI, 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:

VOTI, LLC
2884 Turtle Ter
Palm Harbor, FL 34683

Mailing Address:

P.O. Box 621
Palm Harbor, FL
34682

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:

Angelique Wakim-Saliba
Name
2884 Turtle Ter
Florida street address (P.O. Box **NOT** acceptable)
Palm Harbor FL 34683
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.

Angelique Wakim-Saliba
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
15 JAN 26 AM 8:18
SECRETARY 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

AMBR / MGR

~~AMGR~~ AMBR

Name and Address:

Angelique Wakim-Saliba
2884 Turtle Ter.
Palm Harbor, FL 34683

Christopher Wakim
2884 Turtle Ter.
Palm Harbor, FL 34683

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 20, 2015 (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.)

Angelique Wakim-Saliba
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 JAN 26 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA