

L1500054197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

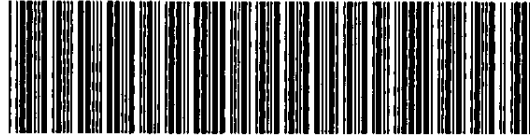
(Business Entity Name)

(Document Number)

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

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15 MAR 11 AM 11:39  
SECRETARY OF STATE  
RECORDS & ADMINISTRATION

J. Getters MAR 27 2015

(850) 245-6051.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: V Squared Solutions 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:

**Vicki Ann Vacek**

Name of Person

**V Squared Solutions LLC.**

Firm/Company

**15 N Cirus Ave**

Address

**Clearwater FL 33765**

City/State and Zip Code

**Vvacek@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Vicki Ann Vacek**

Name of Person

at ( **727** ) **504 6276**

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 Squared Solutions 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:**

**Mailing Address:**

15 N Cirus Ave

Clearwater FL 33765

15 N Cirus Ave

Clearwater FL 33765

**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:

Vicki Ann Vacek

Name

15 N Cirus Ave

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

Clearwater

FL

33765

City, State, and 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 608 F.S.*

Vicki Ann Vacek

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 MAR 11 AM 11:30  
TAMPA, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR \_\_\_\_\_

Vicki Ann Vacek \_\_\_\_\_

15 N Cirus Ave \_\_\_\_\_

Clearwater FL 33765 \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3/7/2015 (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.)

**REQUIRED SIGNATURE:**

*Vicki Ann Vacek*

\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), 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.)

Vicki Ann Vacek \_\_\_\_\_

Typed or printed name of signee

FILED  
15 MAR 11 AM 11:30  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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)