

5/6/2015

MAY 6, 2015 10:59PM

JONES FOSTER 561 650 0435

NO. 3742 P. 1

**L1500081576**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000111100 3)))



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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.  
Account Number : 076077003231  
Phone : (561)650-0471  
Fax Number : (561)650-5300

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: j.f.service@jonesfooster.com

2015 MAY -6 PM 4:58

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**FLORIDA LIMITED LIABILITY CO.  
VKT FAMILY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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15 MAY -6 AM 10:00

BUREAU OF CORPORATIONS  
REGISTRATION SERVICES

W15-32893

MAY 08 2015

MAY. 6. 2015 2:59PM

JONES FOSTER 561 650 0435

NO. 3742 P. 2

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: VKT FAMILY, 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:

BRIAN D. KENNEDY, ESQ.  
Name of Person

JONES FOSTER JOHNSTON & STUBBS, P.A.  
Firm/Company

505 SOUTH FLAGLER DRIVE, SUITE 1100  
Address

WEST PALM BEACH, FL 33401  
City/State and Zip Code

JFSERVICE@JONESFOSTER.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN D. KENNEDY at ( 561 ) 650-3000  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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CLERK OF THE CIRCUIT COURT  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

VKT FAMILY, 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:840 SOUTH OCEAN BOULEVARD  
MANALAPAN, FL 33462Mailing Address:840 SOUTH OCEAN BOULEVARD  
MANALAPAN, FL 33462

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

JONES FOSTER SERVICE, LLC

Name

506 SOUTH FLAGLER DRIVE, SUITE 1100Florida street address (P.O. Box NOT acceptable)WEST PALM BEACH

City

FL 33401

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.

  
Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

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**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**Name and Address:**VENKAT TRIPURANENI  
840 SOUTH OCEAN BOULEVARD  
MANALAPAN, FL 33462AMBRRAMYA TRIPURANENI  
840 SOUTH OCEAN BOULEVARD  
MANALAPAN, FL 33462

(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.)

Brian Kennedy

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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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA