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| Special Instructions to | Filing Officer:    |             |
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SECRETARY OF STATE TAILAHASSEE FLORING



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## **COVER LETTER**

| \$ TO  | Registration Section Division of Corporations  |
|--|--|
| SU   | BJECT: Vestor 30 LLC  Name of Limited Liability Company  |
| The  | e enclosed Articles of Organization and fee(s) are submitted for filing.   |
| Ple  | ase return all correspondence concerning this matter to the following:   |
|  | Debra Doughty<br>Name of Person  |
|  | Vestor, LLC<br>Firm/Company  |
|  | 5824 BeeRidge Rd #287  |
|  | Sava Sota TU 34233  Vestor by 109 Code  E-mail address: (to be used for future annual report notification)   |
| For f  | urther information concerning this matter, please call:  |
|  | Delbra Dougtay 813, 601-5173  Name of Person Area Code Daytime Telephone Number  |
| Enc  | elested is a check for the following amount:   |
| <b>□ 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1</b> | 25.00 Filing Fee \$\frac{1}{25.00}\$ S130.00 Filing Fee \$\frac{1}{25.00}\$ S155.00 Filing Fee \$\frac{1}{25.00}\$ Certificate of Status \$\frac{1}{25.00}\$ Certified Copy (additional copy is enclosed)  \$\frac{1}{25.00}\$ Filing Fee \$\frac{1}{25.00}\$ Certificate of Status \$\frac{1}{25.00}\$ Certified Copy (additional copy is enclosed) |
|  | Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle<br>Tallahassee, FL 32301   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ART | ICL | ÆΙ | - Na | me: |
|-----|-----|----|------|-----|
|-----|-----|----|------|-----|

The name of the Limited Liability Company is:

15 OCT -2 PM 1:45

## **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address:                             | Mailing Address:  |
|---|-------------------|
| 5824 Bee Ridge Rd                                     | 5824 Bee Pidge Rd |
| # 287   | #287              |
| Sarasota, 12 34233                                    | Sarasota, H 34223 |
| III - Registered Agent Registered Office & Registered | Agent's Signature |

City

(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:

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)

(CONTINUED)

Page 1 of 2

| Title: "AMBR" = Authorized Member   | Name and Address: SECRETARY TALLAHASSEE   |
|---|---|
| "MGR" = Manager   | Henry Drude   |
| mgr   | Vestor LLC  |
| AMBR  | Sarasofa, PL 34233  |
| _   |   |
|   |   |
|   |   |
| EV: Effective date, if other than the descrive date is listed, the date must be of filing.)  the date inserted in this block does no  | specific and cannot be more than five business days prior to or 90 da<br>t meet the applicable statutory filing requirements, this date will not be   |
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