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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer	
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FILE OF STATE ALLOWERS TO ALLOWERS THE SECTIFICATION OF STATE OF S

Office Use Only

COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT		ROPERTIES LLC
SOBJECT	Name of I	imited Liability Company
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.
Please retur	rn all correspondence concerning this	matter to the following:
	DOUGLAS T. MILLER	
		Name of Person
	VBF PROPERTIES LLC	
		Firm/Company
	1134 INDIAN MOUND TRAIL	
		Address
	VERO BEACH, FLORIDA 32963	
-	healthmart Empil address: (to be use	City/State and Zip Code V b a yaho · Com ed for future annual report notification)
For further is	nformation concerning this matter, plea	·
	DOUGLAS T. MILLLERat (772 559-8163 Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

VBF PROPERT	TIES LLC			
(Must end v	with the words "Limited l	Liability Company, "I	.L.C.," or "LLC.")	
RTICLE II - Address:				
he mailing address and street ad	dress of the principal of	fice of the Limited Lia	bility Company is:	
Principa	l Office Address:		Mailing Address:	
1134 INDIAN MOUN	ND TRAIL	1134 IN	IDIAN MOUND TRAIL	
				
	nt, Registered Office, &	& Registered Agent's		or
ARTICLE III - Registered Age The Limited Liability Company on nother business entity with an ac	nt, Registered Office, & cannot serve as its own I ctive Florida registration	k Registered Agent's Registered Agent. You	Signature:	or .
ARTICLE III - Registered Age	nt, Registered Office, & cannot serve as its own I ctive Florida registration	k Registered Agent's Registered Agent. You	Signature:	T T
ARTICLE III - Registered Age The Limited Liability Company on nother business entity with an ac	nt, Registered Office, & cannot serve as its own I ctive Florida registration	& Registered Agent's Registered Agent. You 1.) agent are:	Signature:	33
ARTICLE III - Registered Age The Limited Liability Company on nother business entity with an ac	nt, Registered Office, & cannot serve as its own I ctive Florida registration ddress of the registered	& Registered Agent's Registered Agent. You 1.) agent are:	Signature:	
ARTICLE III - Registered Age The Limited Liability Company on nother business entity with an ac	nt, Registered Office, & cannot serve as its own I ctive Florida registration ddress of the registered	Registered Agent's Registered Agent. You agent are: ER Name	Signature:	33
ARTICLE III - Registered Age The Limited Liability Company on nother business entity with an ac	nt, Registered Office, & cannot serve as its own I ctive Florida registration ddress of the registered a DOUGLAS T. MILLI	Registered Agent's Registered Agent. You agent are: ER Name	Signature: I must designate an individual o	15 NOV 16 AM
ARTICLE III - Registered Age The Limited Liability Company on nother business entity with an ac	nt, Registered Office, & cannot serve as its own I ctive Florida registration ddress of the registered DOUGLAS T. MILLI	Registered Agent's Registered Agent. You agent are: ER Name	Signature: I must designate an individual o	15 NOV 1

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u> </u>	Name and Address:
MGR" = Manager	ember
MGR	DOUGLAS T. MILLER
	1134 INDIAN MOUND TRAIL
	VERO BEACH, FL 32963
AMBR	SUSAN M. MILLER
	1134 INDIAN MOUND TRAIL
	VERO BEACH, FL 32963
	
	
V: Effective date, if other citive date is listed, the diffiling.)	er than the date of filing: $10-27-15$. (OPTIONAL) at the must be specific and cannot be more than five business days prior to or 90
f filing.) the date inserted in this b nent's effective date on t	er than the date of filing: $10-27-15$ (OPTIONAL) ate must be specific and cannot be more than five business days prior to or 90 ock does not meet the applicable statutory filing requirements, this date will not be Department of State's records.
V: Effective date, if otherive date is listed, the diffiling.) he date inserted in this beent's effective date on t	er than the date of filing: $10-27-15$ (OPTIONAL) at e must be specific and cannot be more than five business days prior to or 90 ock does not meet the applicable statutory filing requirements, this date will not be Department of State's records.
V: Effective date, if other tive date is listed, the diffiling.) he date inserted in this beant's effective date on the circle. VI: Other provisions, if	er than the date of filing: 10-27-15 (OPTIONAL) ate must be specific and cannot be more than five business days prior to or 90 ock does not meet the applicable statutory filing requirements, this date will not be Department of State's records. any.
EV: Effective date, if other tive date is listed, the defiling.) he date inserted in this beant's effective date on the EVI: Other provisions, if	er than the date of filing: 10-27-15 (OPTIONAL) ate must be specific and cannot be more than five business days prior to or 90 ock does not meet the applicable statutory filing requirements, this date will not be Department of State's records. any.
CV: Effective date, if other tive date is listed, the diffiling.) he date inserted in this beant's effective date on the city. Other provisions, if	er than the date of filing: 10-27-15 (OPTIONAL) ate must be specific and cannot be more than five business days prior to or 90 ock does not meet the applicable statutory filing requirements, this date will not be Department of State's records. any. RE:
CV: Effective date, if other tive date is listed, the diffiling.) he date inserted in this beant's effective date on the circle. CVI: Other provisions, if the coulred Signature Signature Signature and aware and are signatured.	er than the date of filing: 10-27-15 (OPTIONAL) ate must be specific and cannot be more than five business days prior to or 90 ock does not meet the applicable statutory filing requirements, this date will not be Department of State's records. any.
EV: Effective date, if other ctive date is listed, the diffiling.) the date inserted in this beneat's effective date on the EVI: Other provisions, if REOUIRED SIGNATU Signature of the control of the	er than the date of filing: 10-27-15. (OPTIONAL) ate must be specific and cannot be more than five business days prior to or 90 ook does not meet the applicable statutory filing requirements, this date will not be Department of State's records. any. RE: The state of a member of an authorized representative of a member. The state is executed in accordance with section 605.0203 (1) (b), Florida Statutes. The state information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S.
CV: Effective date, if other ctive date is listed, the diffiling.) he date inserted in this beant's effective date on the circle. CVI: Other provisions, if REOUIRED SIGNATU Signature of the constitute of the circle.	er than the date of filing:

Page 2 of 2