

L16000055905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

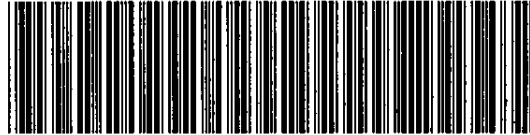
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 14 AM 11:35

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03/15/16--01003--007 **155.00

MD 3/22

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ISLAND VIBZ ST PETERSBURG 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:

DAVE VALERE

Name of Person

ISLAND VIBZ ST PETERSBURG LLC

Firm/Company

63 BAYMONT STREET

Address

CLEARWATER BEACH, FLORIDA 33767

City/State and Zip Code

ISLANDVIBZ@YAHOO.COM

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

For further information concerning this matter, please call:

DAVE VALERE

Name of Person

at **(727)**

Area Code

215 5395

Daytime Telephone Number

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ISLAND VIBZ ST PETERSBURG 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:

63 BAYMONT STREET,
CLEARWATER BEACH FL 33767

63 BAYMONT STREET,
CLEARWATER BEACH FL 33767

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:

ABRAHAM REID
Name

2309 CENTRAL AVENUE
Florida street address (P.O. Box NOT acceptable)

ST PETERSBURG, FLORIDA, 33713
City State 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..

Abraham Reid
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: MGR

Name and Address: DAVE VALERE,
63 BAYMONT STREET
CLEARWATER BEACH FL 33767

"AMBR" = Authorized Member

"MGR" = Manager

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific
cannot be more than five business days prior to or 90
the date of filing.)

Note: If the date inserted in this block does not meet the
statutory filing requirements, this date will not be listed
the document's effective date on the Department of
records.

and
days after

applicable
as
State's

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

DAVE VALERE

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)