

4/8/2016 11:18:03 AM From: To: 8506176381(1/5)
Division of Corporations

L16000069497

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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16 APR - 1 PM 2:20
STATE OF FLORIDA
DEPARTMENT OF STATE

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

DATE OF SUBMISSION
date of submission 4/1

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

Email Address: _____

RECEIVED
16 APR - 8 PM 12:04
SECURITIES DIVISION
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
V-Cloud, LLC**

*New Name:
vCloudI, LLC*

Certificate of Status	0
Certified Copy	0
Page Count	045
Estimated Charge	\$125.00

04/11/16

4/8/2016 11:18:03 AM From: To: 8506176381(2/5)
850-617-6381 4/4/2016 1:41:35 PM PAGE 1/001 Fax Server



April 4, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: V-CLOUD, LLC
REF: W16000024690

RE-SUBMIT

Please refile original filing
date of submission 4/11

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P13000037529.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000081908
Letter Number: 516A00006799

P.O BOX 6327 - Tallahassee, Florida 32314

15 APR 11 11:21 AM '16

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: vCloudI, 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:

Judl Reed

 Name of Person

 Firm/Company

 Address

 City/State and Zip Code

compliance@myvcloud.org.

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

For further information concerning this matter, please call:

_____ at (_____) _____
 Name of Person 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
 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:

vCloudI, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7130 Spring Meadows Drive W.
Holland, Ohio 43528

7130 Spring Meadows Drive W.
Holland, Ohio 43528

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:

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)
Plantation, Florida 33324
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..

C T Corporation System

By: Kristin Bolden
Registered Agent's Signature (REQUIRED)

Kristin Bolden
Assistant Secretary

(CONTINUED)

16 APR -1 PM 2:20

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>Platinum Holding Investments, LLC</u>
	<u>7130 Spring Meadows Drive W.</u>
	<u>Holland, Ohio 43528</u>

(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.)

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

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.

Gregory Kiley, Managing Member
Typed or printed name of signer

- 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)

15 APR - 1 PM 2:20
FLORIDA DEPARTMENT OF STATE