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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

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COVER LETTER

TO:

Registration Section

Dr	vision of Corporations		
SUBJECT:	Vintage Construction Managemen	nt, LLC	
Joba Lett.		Limited Liabil	ity Company
The enclose	d Articles of Organization and fee(s	s) are submitted	for filing.
Please retur	n all correspondence concerning this	s matter to the f	ollowing:
	Yohei Castro		
•		Name of	Person
	Vintage Construction Management	, LLC	
		Firm/Co	mpany
	4850 SW 63 Terrace Apt#323		
•		Addr	ess
	Davie, Florida 33314		
s	ta3div@gmail.com	City/State an	d Zip Code
_	E-mail address: (to be u	ised for future a	nnual report notification)
For further in	formation concerning this matter, pl	ease call:	
,	Yohei Castro `	305	588-3431
_	at Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	LCertific	0 Filing Fee & \$160.00 Filing Fee, ced Copy al copy is enclosed) 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

Princip	al Office	Address:
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Mailing Address:

4850 SW 63 Terrace Apt#323
Davie, Florida 33314
Davie, Florida 33314

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:

Yohei Castro		
	Name	
4850 SW 63 Terrace	: Apt#323	
Florida street addres	s (P.O. Box NOT acc	eptable)
Davie	Florida	33314
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..

ered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Title:</u>	Name and Address:
'AMBR" = Authorized Mem	per
MGR" = Manager	***
AMBR	Yohei Castro
	4850 SW 63 Terrace Apt#323
	Davie, Florida 33314
	•
	
V: Effective date, if other the tive date is listed, the date if filing.)	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 or
ctive date is listed, the date if filing.) he date inserted in this block	
CV: Effective date, if other the crive date is listed, the date is filing.) the date inserted in this block tent's effective date on the D	nust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not
V: Effective date, if other the ctive date is listed, the date if filing.) the date inserted in this block tent's effective date on the Discovery. VI: Other provisions, if any.	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.
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ARTICLE IV-

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