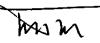


(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	





06/28/16--01009--001 **160.00



COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	T: Vintage Br	wsh Decor imited Liability Company		
The enclo	sed Articles of Organization and fee(s) a	re submitted for filing.		
Please re	urn all correspondence concerning this n	natter to the following:		
	Phillip L and	Name of Person	OMAS	
	Vintege Bruch	Decor	16	SEC
		Pirm/Company		
	38095 Color		28	ARY (
		Address	-	ربيد دي سار
	Hilliard, FL	32046	5: 47 	ORID!
		City/State and Zip Code	. /	- E-X
	F-mail address: (to be use	フリンパクSfregm・ d for future annual report notificati	Ne F	
For further	information concerning this matter, plea		0.17	
	Lynn Thomas at (904) 845-42 Area Code Daytime Telephon	30 e Number	
Enclosed	is a check for the following amount:			
\$125.00	Filing Fee \$\frac{130.00}{\text{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	Street Address		
	New Filing Section Division of Corporations P.O. Box 6327	New Filing Section Division of Corporati Clifton Building	ons	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
(Must end with the Words "Limited Liability Company	OF 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:
38095 Colony Trail Hilliand, Fl 32046	8095 COLONY TRail
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. Yanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	S.P.
Lynn m Thomas n	And Phillip LThomas SR
38095 CO/ONY Florida street address (P.O. Box NOT ad	
Hilliard, FL 3	
City State	Zip
Having been named as registered agent and to accept service of process for the place designated in this certificate, I hereby accept the appointment as registere further agree to comply with the provisions of all statutes relating to the proper am familiar with and accept the obligations of my position as registered agent a	ed agent and agree to act in this capacity. I and complete performance of my duties, and I as provided for in Chapter 605, F.S.
Registered Agent's Signature	are (REQUIRED)
(CONTINUED)	JUN 2
Page 1 of 2	
	5
	ATE RIDA 47

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
owner	LYNN M Thomas 38095 COLONY TRAIL	<u> </u>
CEO	Phillip L Thomas S. 3809 5 COLONY TRAIL HILLIANS, FI	<u> </u>
.		
(Use attachment if necessary)		
e of filing.) If the date inserted in this block does not m	of filing: <u>JUNE 23, 2016</u> PTIONA ecific and cannot be more than five business days prior neet the applicable statutory filing requirements, this date of State's records.	
e of filing.)	neet the applicable statutory filing requirements, this date	
re of filing.) If the date inserted in this block does not more current's effective date on the Department of the CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of the Department o	neet the applicable statutory filing requirements, this date	will not be listed a
re of filing.) If the date inserted in this block does not more current's effective date on the Department of the CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of the Department o	meet the applicable statutory filing requirements, this date of State's records. The property of the property of a member of an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florida Station information submitted in a document to the Department of the felony as provided for in s.817.155, F.S.	will not be listed a
REQUIRED SIGNATURE: Signature of a mer This document is executed in a ware that any false constitutes a third degree Lyww M	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Section as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent	tatutes.

ARTICLE IV-