

L16000158953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

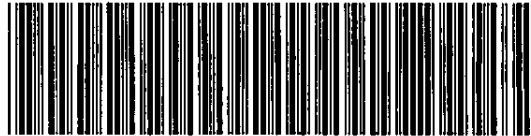
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 AUG 19 AM 9:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

un. 8/26/16

MICHAEL A. O'BRIEN, P.A.
ATTORNEY AT LAW

1115 E. LIVINGSTON STREET
ORLANDO, FLORIDA 32803

TELEPHONE: (407) 872-1484
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August 16, 2016

Florida Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Victoria's Wings, LLC / Submission of Articles of Organization

Dear Sir or Madam:

Please find enclosed the original and one copy of the Articles of Organization for Victoria's Wings, LLC. The funds for the organization of the company are also enclosed.

Thank you for your assistance in this matter. In the event that there is some issue with regard to the establishment of this company, I would request that you contact me in order to resolve the matter.

Sincerely,



Michael A. O'Brien

MOB/abg
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Victoria's Wings, 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:

Barbara Rumpel

Name of Person

Victoria's Wings, LLC

Firm/Company

1279 Houston Street

Address

Melbourne, Florida 32935

City/State and Zip Code

barbara@delorenzoproperties.com

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

For further information concerning this matter, please call:

Barbara Rumpel

407

579-4902

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:

Victoria's Wings, 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:

1279 Houston Street
Melbourne, Florida 32935

Mailing Address:

1279 Houston Street
Melbourne, Florida 32935

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:

Barbara Rumpel

Name

1279 Houston Street

Florida street address (P.O. Box **NOT** acceptable)

Melbourne

Florida

3293

City

State

Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Barbara Rumpel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Barbara Rumpel

1279 Houston Street

Melbourne, Florida 32935

AMBR

John Rumpel

1279 Houston Street

Melbourne, Florida 32935

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 25, 2016 (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.

None

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.

Barbara Rumpel

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)

16 AUG 19 AM 9:50
STATE OF FLORIDA
TALLAHASSEE