

L16000162326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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FILED
2016 AUG 24 PM 4: 50
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

#

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASTOR FINANCIAL GROUP
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:

HENRY R. CASTOR
Name of Person

CASTOR FINANCIAL GROUP
Firm/Company

920 GRANGER STREET SE
Address

PALM BAY, FLORIDA 32909
City/State and Zip Code

HenryCastor99@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENRY R. CASTOR at (321) 557-0099
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

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2016 AUG 24 PM 4:50

ARTICLE I - Name:

The name of the Limited Liability Company is:

CASTOR FINANCIAL GROUP, 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:

920 GRAINGER STREET SE
PALM BAY, FL 32909

920 GRAINGER STREET SE
PALM BAY, FL 32909

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:

HENRY R. CASTOR
Name

920 GRAINGER STREET, SE
Florida street address (P.O. Box **NOT** acceptable)
Palm Bay FL 32909
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..

Henry R. Castor
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

MGR

MGR

Name and Address:

HENRY R. CASTOR
920 GRANGER Street SE
Palm Bay, FL 32909

SEVIGNE CASTOR
10352 SW 9 Lane
Pembroke Pines, FL 33025

(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:

Henry R. Castor

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.

HENRY R. CASTOR
Typed or printed name of signee

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2016 AUG 24 PM 4:50
STATE OF FLORIDA
TALLAHASSEE

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)

L16000162323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

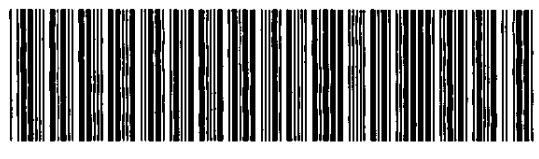
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/24/16--01008--018 **125.00

FILED
2016 AUG 24 PM 4:41
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

UH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 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:

Gregory Lee Parker
Name of Person

Virtual Scan, LLC
Firm/Company

499 SW 98th Lane
Address

Ocala, FL 34476
City/State and Zip Code

greg.parker@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Parker at (352) 342-0012
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)
- Check # 1848

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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:

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

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2016 AUG 24 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

499 SW 98th Lane
Ocala, FL 34476

Mailing Address:

499 SW 98th Lane
Ocala, FL 34476

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:

Gregory Lee Parker
Name
465 SW 98th Lane
Florida street address (P.O. Box NOT acceptable)
Ocala FL 34476
City State Zip

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Gregory Lee Parker
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

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Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Gregory Lee Parker
465 SW 98th Lane
Opala, FL 34476

2016 AUG 24 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/1/2016 (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.

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REQUIRED SIGNATURE:

Gregory Lee Parker

Signature of a member or an authorized representative of a member.
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Gregory Lee Parker
Typed or printed name of signee

Filing Fees:

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- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)