# 116000162326

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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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i ##

## **COVER LETTER**

TO: Registration Section Division of Corporation (Corporation)			
SUBJECT: <u>CAS</u>	Name of Limited I	VCIA (GRO)	w.P.
The enclosed Articles of Or	ganization and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
HEN	IRY R. CA	STOR ne of Person	
_CA5	TOR FINAN	CIAL GROU m/Company	P
9206	RAINGER S	TREET SE Address	
PAL	nBAY Flo	RIBA 329 ate and Zip Code	09
	City/Sta HenRy nail address: (to be used for fu	R, SA 329 ate and Zip Code Ca S for 99 C ( ture annual report notification)	mail. Com
	erning this matter, please call:		
HENRY Name o	R. ASTIOR at ( 32) of Person Area Co	Daytime Telephone Nu	<del></del>
Enclosed is a check for the	following amount:		
	Certificate of Status	Certified Copy ditional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy dditional copy is enclosed)
Mailing		Street Address	
	ng Section of Corporations	New Filing Section Division of Corporations	
P.O. Box	k 6327	Clifton Building	
Tallahas	see, FL 32314	2661 Executive Center C	ircle

Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I'- Name:	FIL	ED
The name of the Limited Liability Company is:	2016 AUG 24	PM 4: 50
(Must end with the words "Limited Liability Company, "L.L.C.," or "		

#### **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	920 GRAINGER STREET SE
PALMBAY, FL 32909	PALIS BAY, FI 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:

HENRYR. CASTER

Name

920 GRAINGER SREET 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..

Page 1 of 2

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	11-1011 R Com
<u>MGR</u>	920 GALLESON STATE
	Palm Amy D/ 32909
MGR	CAUCHE CASSA
	10352 Sur 9 Lane
	Pembroke Plus FL 33025
	101101010001012
(Use attachment if necessary)	
the date incerted in this block does not me	of the applicable statutom. Gling requirements, this data will not be
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REOUIRED SIGNATURE:  Signature of a men This document is executed a man aware that any false is	State's records.  Accordance with section 605.0203 (1) (b), Florida Statutes.  Information submitted in a document to the Department of State of the
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REOUIRED SIGNATURE:  Signature of a mem This document is executed a maware that any false i constitutes a third degree to	State's records.  Action  Ber or an authorized representative of a member.  d in accordance with section 605.0203 (1) (b), Florida Statutes.  Information submitted in a document to the Department of State of St

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Page 2 of 2

## L16000162323

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



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08/24/16--01808--018 \*\*125.00



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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	ECT: Name of Limited Liability Company
The en	sclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Gregory Lee Parker
	Virtual Coan LLC
	/ Firm/Company
	499 SW 98th Lane
	Address
	Ocala, FL 34476  City/State and Zip Code
	gree, Parker @ earthlink net  B-mall address: (to be used for future annual report notification)
For furti	her information concerning this matter, please call:
	Greg Parker at 352 342-0012  Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
	100 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Malling AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

FILED

The name of the Limited Liability	Company is:		
(			2016 AUG 21, DM.
1	tual Scan.	110	2016 AUG 24 PM 4: 41
Uir-	tual Scan.	lity Company, "L.L.C.," or "LLC.")	
(Must end wi	th the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	TALLAHASSEE, FLORIDA
ARTICLE II - Address:			AUINOS
	ress of the principal office o	of the Limited Liability Company is:	
The manning address and sireet address	, cas or the principal office o	in the Emilied Elitomity Company is.	
<u>Principal</u>	Office Address:	Mailing Add	ress:
400 9.100	H 1 .	1109 CIN 96+	110-0
17730198	th Lane	77130 181	~ Lane
Oca 197-E-C	344-16	-Calo [-	34476
	<del></del>		
ARTICLE III - Registered Agent	t, Registered Office, & Reg	gistered Agent's Signature:	
(The Limited Liability Company ca	annot serve as its own Regis	stered Agent. You must designate an ir	ndividual or
another business entity with an act	ive Florida registration.)		
The name and the Elevide street ad	dunan afaka masintanad a mani		
The name and the Florida street ad-	aress of the registered agent		
	(mregar	Lee tarter	
	Narr	ne	
	11100	1 08H 1	
	765 50	N 7812 Lane	
	Florida street address (P.O	. Box NOT acceptable)	
	Ocala 1	FL 34476	
•	City	State Zip	
		process for the above stated limited liab	
		ent as registered agent and agree to act	
		to the proper and complete performan	
am jamiliar with and accept the oblig	ations of my position as reg	istered agent as provided for in Chapte	er 605, F.S
	1.	U(1)	
	Heroy 1	tee tarker	
	Registered A	agent's Signature (REQUIRED)	•
		- · · · · · · · · · · · · · · · · · · ·	
	(CO	INTINUED)	

Page 1 of 2

	Title		Name and Address:	CUID MIC OIL AL
	<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:	2016 AUG 24 PM
	"MGR" = Manager		Green lee to 463 SU 98HS 1 Ocala, FL 344	CALLAHASSEE. FLO
	(Use attachment if nece	ssary)	011	
If an ei he date <u>Note:</u> 1	LE V: Effective date, if of feetive date is listed, the of filing.)	ther than the date of fit date must be specific block does not meet	and cannot be more than five bus the applicable statutory filing requir	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)