

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000239659 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THOMAS K. BOARDMAN, P.A.

Account Number : 102350003270

: (863)674-1027

Fax Number

: (863)674-1029

**Enter the email address for this business entity to be used for future Wannual report mailings. Enter only one email address please. **

Email Address: RLHIPERFORMANCE@YAHOO.COM

FLORIDA LIMITED LIABILITY CO. VPR SERVICES, LLC

Certificate of Status	0
Certified Copy	i
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

SEP 28 2016

https://efile.sunbiz.org/scripts/efilcovr.exe

9/27/2016

H16000239659 3

ARTICLES OF ORGANIZATION

OF

VPR SERVICES, LLC

The undersigned member hereby certifies that the undersigned member of this organization desires to form a single member limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

CHARTER

ARTICLE I

NAME

The name of the limited liability company shall be VPR SERVICES, LLC.

ARTICLE II

The mailing address of the company and the street address of the principal office will be 6600 Flaghole Road, Clewiston, Florida 33440.

ARTICLE III

DURATION

This limited liability company shall exist until August 31, 2056, unless segrer dissolved in a manner provided by law or as provided in the regulations adopted by the members.

THIS DOCUMENT PREPARED BY: Thomas K. Boardman

P.O. Box 2197 LaBelle, Florida 33975 (863) 674-1027

THOMAS K. BOARDMAN, P.A.

Florida Bar No. 103581

н16000239659 3

ARTICLE IV

MANAGEMENT

This limited liability company shall be managed by its member. The name and address of the manager/member is as follows:

Richard E. Leiba 6600 Flaghole Road Clewiston, Florida 33440

ARTICLE V

RESTRICTIONS ON MEMBERSHIP

FILED

16 SEP 27 PH 1:

SECRETARY OF STA

The Member shall have the right to admit new members by majority consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VI

MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

Executed by the undersigned at LaBelle, Florida, on September d., 2016.

RICHARD E. LEIBA

STATE OF FLORIDA COUNTY OF HENDRY

The foregoing instrument was sworn to and acknowledged before me this 1 day of September, 2016, by RICHARD E. LEIBA, who is prersonally known to me or who has produced as identification.



Yneus M. Clark NOTARY PUBLIC Name: Kerensa M. Clark

H16000239659 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: VPR SERVICES, LLC
- 2. The name and address of the registered agent and office is:

Richard E. Leiba (Name)

6600 Flaghole Road (P.O. Box not acceptable)

Clewiston, Florida 33440 (City/State/Zipcode)

Having been named as registered agent and to accept service of process for the above state corporation 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.

(Signature)

(Date)

SEP 27 PH I: 2