

L16000204252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

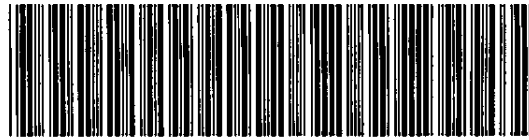
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 NOV -2 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING
NOV - 8 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vital Mission Solutions, 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:

Joshua Marcus

Name of Person

Firm/Company

12400 SHAWNEE TRAIL

Address

LARGO, FL 33774

City/State and Zip Code

jmarcus@vitalmissionsolutions.com

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

For further information concerning this matter, please call:

Joshua Marcus 813 361-4848

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

FILED

2016 NOV -2 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vital Mission Solutions, 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:

Vital Mission Solutions, LLC
611 S Fort Harrison Avenue Suite 162
Clearwater, FL 33756

Joshua Marcus
12400 Shawnee Trail
Largo, FL 33774

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.)

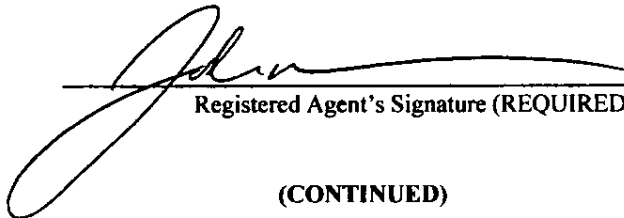
The name and the Florida street address of the registered agent are:

Joshua Marcus
Name

12400 Shawnee Trail
Florida street address (P.O. Box **NOT** acceptable)

Largo FL 33774
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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

