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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Vital Mission Solutions, LLC		
SOBJEC		of Limited Liabili	ty Company
The enclo	osed Articles of Organization and fee	(s) are submitted	for filing.
Please re	turn all correspondence concerning t	his matter to the fo	ollowing:
	Joshua Marcus		
		Name of	Person
	 	Firm/Co	npany
	12400 SHAWNEE TRAIL		
		Addre	SSS
	LARGO, FL 33774		
	jmarcus@vitalmissionsolutions.co	City/State and	l Zip Code
	E-mail address: (to be	used for future a	nnual report notification)
For further	information concerning this matter,	please call:	
	Joshua Marcus	813 at (361-4848
	Name of Person		Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$ 125.00	Filing Fee \$130.00 Filing Fee Certificate of State	ıs ——Certific	Solution from the state of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327		Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			FIL	
The name of the Limited Liability Company is:			2016 NOV -2	AM II: L
Vital Mission Solutions, LLC (Must end with the words "Limit	ted Liability Co	mpany, "L.L.C.," or "LL	SELACIARY	OF STATE
ARTICLE II - Address: The mailing address and street address of the principa	l office of the L	imited Liability Company	is:	
Principal Office Address:		<u>Mailing</u>	Address:	
Vital Mission Solutions, LLC		Joshua Marcus		
611 S Fort Harrison Avenue Suite 162		12400 Shawnee Trail		
Clearwater, FL 33756		Largo, FL 33774		
The name and the Florida street address of the register	red agent are:		_	
12400 Shawnee Tr				
Florida street addr	ess (P.O. Box I	NOT acceptable)		
Largo	FL	33774		
City	State	Zip		
Having been named as registered agent and to accept se place designated in this certificate, I hereby accept the affurther agree to comply with the provisions of all statutes am familiar with and accept the obligations of my positions of	ppointment as re s relating to the on as registered	egistered agent and agree proper and complete perf agent as provided for in C Signature (REQUIRED)	to act in this capac formance of my duti	ity. I

Page 1 of 2

Title:		Name and Address:
"AMBR" = Au	thorized Member	
"MGR" = Man	_	NV 1 77
AMBR	· · · · · · · · · · · · · · · · · · ·	Wendy Toy
		3427 Hythe Ct Palm Harbor, FL 34685
		1 ami Maioui, 1 L 34063
AMBR		Joshua Marcus
		12400 Shawnee Trail
		Largo, FL 33774
AMBR		Christian Carlson
		27733 Indigo Pond Ct Wesley Chapel, FL 33544
		westey Chapet, PL 33344
ective date is li	date, if other than the d	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective ective date is lip of filing.) The date insertement's effective	date, if other than the d sted, the date must be	specific and cannot be more than five business days prior to or 90 of the the applicable statutory filing requirements, this date will not
E V: Effective ective date is ling.) The date insertement's effective. E VI: Other pro-	date, if other than the d sted, the date must be ed in this block does no e date on the Departme	specific and cannot be more than five business days prior to or 90 of the the applicable statutory filing requirements, this date will not
E V: Effective ective date is ling of filing.) The date insertement's effective E VI: Other pro	date, if other than the d sted, the date must be ed in this block does no e date on the Departme ovisions, if any. SIGNATURE:	especific and cannot be more than five business days prior to or 90 to the meet the applicable statutory filing requirements, this date will not ent of State's records.
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E V: Effective ective date is lip of filing.) The date insertement's effective E VI: Other pro	date, if other than the d sted, the date must be ed in this block does no e date on the Departme ovisions, if any. SIGNATURE: Signature of a This document is exe I am aware that any fi	member or an authorized representative of a member secuted in accordance with section 605.0203 (1) (b), Florida Statute also information submitted in a document to the Department of State