

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (650) 617-6381

From:

Account Name : CORP USA

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (305) 633-9696

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.**VL EB5 FUND I, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

*Please file
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Corporate Filing Menu

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*No fax
11/15/16*



November 15, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: VL EB5 FUND I, LLC
REF: W16000077299

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H16000280784
Letter Number: 416A00024497

P.O BOX 6327 - Tallahassee, Florida 32314

4160000280781

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VL EB5 Fund I, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard M. Delisser

Name of Person

VL EB5 Fund I, LLC

Firm's Company

2893 Executive Park Drive, Suite 203

Address

Weston, Florida 33331

City/State and Zip Code

Richard@vaporlifeusa.com

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

For further information concerning this matter, please call:

Richard M. Delisser at 954 383-7755

Name of Person

Area Code

Daytime Telephone Number

enclosed is a check for the following amount.

125.00 Filing Fee ☐ \$150.00 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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

16 NOV 14 AM 10:16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VL ENS Fund 1, 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:

2893 Executive Park Drive
Suite 203
Weston FL 33331

2893 Executive Park Drive
Suite 203
Weston FL 33331

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:

Richard M. Delisser
Name

2893 Executive Park Drive Suite 203
Florida street address (P.O. Box NOT acceptable)

Weston FL 33331
City 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)

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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

Name and Address:

Richard M. Delisser

3741 W CITRUS TRACE

DAVIE, FL 33328

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

in effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing.)

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Richard M. Delisser

Typed or printed name of signer

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)