

L17000118540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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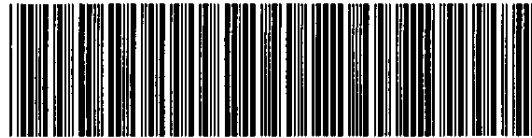
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/11/17--01017--011 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY 11 AM 10:26

FILED

06/11/17
ne 5/12/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2017

CARLITO G. FLORES, E.A.
C.G. FLORES & RAY G FLORES, CPA
809 BEVERLY PARKWAY
PENSACOLA, FL 32505

SUBJECT: 10176 VIXEN LLC
Ref. Number: W17000040955

We have received your document for 10176 VIXEN LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Document on 05/11/17.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 117A00009554

COVER LETTER

TO: Registration Section
Department of Corporations

SUBJECT: 10176 VIXEN LLC

The enclosed Articles of Organization and fee/fees are submitted for filing
Please Return all correspondence concerning this matter to the following:

CARLITO G. FLORES, E.A.

Name of Person

C.G. FLORES & RAY G FLORES, CPA

Firm Company

809 BEVERLY PARKWAY

Address

PENSACOLA, FLORIDA 32505

City/State and Zip Code

FACTNG @ AOL.COM

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

For further information concerning this matter, please call
CARLITO G. FLORES at (850) 435-6845

Enclosed is a check for the following amount
\$130.00 Filing Fee & Certificate of Status.

ARTICLES OF ORGANIZATION
OF
10176 VIXEN LLC

ARTICLE I. - Name

The name of the Limited Liability Company is:

10176 VIXEN LLC

Article II - Address:

The mailing address and principal office the Limited Liability Company is:

1601 Spalding Circle
PENSACOLA, FLORIDA 32514

ARTICLE III - Registered Agent Name and Address is:

Terri Marshall
1601 Spalding Circle
PENSACOLA, FLORIDA 32514

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.


Terri Marshall

ARTICLE IV -

The Name and address of each person authorized to manage and control the Limited Liability Company:

Title

Name and Address:

MGR- Manager/Director

Joseph L. Marshall
1601 Spalding Circle
Pensacola, Florida 32514

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TALLAHASSEE, FLORIDA

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MGR: Manager/Director

Terri Marshall
1601 Spalding Circle
Pensacola, Florida 32514

ARTICLE V: Effective Date:

Date of filing: ~~APRIL 1, 2017~~ *after* OR WITHIN FIVE WORKING DAYS
OF THE DATE OF RECEIPT.

ARTICLE VI: Other Provisions:

To lawfully engage or transact in business permitted by law and Florida
Statutes.

This document is executed in accordance with section 605.0203(1)(b) Florida statutes. I
am aware that any false information submitted in a document to the Department of State
constitute a third felony as provided for in 817.155. F.S.

Joseph L. Marshall date *4/1/17*

JOSEPH L. MARSHALL, MGR/DIRECTOR

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