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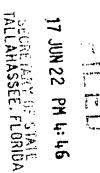
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## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: VDT 75/# 100/ LLC  Name of Limited Liability Company	<del></del>
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JOSEPH & Wency Capellow - G.	RAY
N/A	
Firm/Company	
1078 LAGUNA SPRING D.	RIVE
Address	
WESTON, FLORIDA 333	26
NCG RAY and Zip Code Com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
NANCY GRAY at (954) 562 - 376  Name of Person Area Code Daytime Telephone Number	32
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy	00 Filing Fee, icate of Status & ied Copy nal copy is enclosed)
Mailing Address Street Address	
New Filing Section New Filing Section	

New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

17 JUN 22 PM 4: 46

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

	Self Have or ore
ARTICLE II - Address: The mailing address and street address of the principal office of	SECRETARY OF STATALLAHASSEE, FLOR the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1078 LAGUENA SPRINGS	OR. VDT 75/#100/, LLC 6 P.O. BOX 267752 WESTON, FLOUDA 33326
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registranother business entity with an active Florida registration.)	istered Agent's Signature:
The name and the Florida street address of the registered agent address of the registered agent and the Florida street address of the registered agent address of the registered agent and the Florida street address of the registered agent and the Florida street address of the registered agent and the registered agent address of the registered agent and the registered agent address of the registered	MPELLAN-GIZAY
10 18 MG Florida street address (P.O.	BOX NOT acceptable)
WESTON,	FLORIDA 33326
City S	tate Zip
Having been named as registered agent and to accept service of problem of the designated in this certificate, I hereby accept the appointment further agree to comply with the provisions of all statutes relating to the familiar with and accept the obligations of my position as registered Agency Cogistored Agency Agen	nt as registered agent and agree to act in this capacity. It o the proper and complete performance of my duties, and I
(CON	ITINUED)
(6.64)	HE BLY COMPANY

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR MGR	JOSEPH CRAY 1078 JAGUNA SPANIES DR WESTON, FC 33326 NANCY CAPELLAN- GRAY
(Use attachment if necessary)	WESTON, FL 33376
ffective date is listed, the date must be spec e of filing.)	of filing: (OPTIONAL)  cific and cannot be more than five business days prior to or 90  exet the applicable statutory filing requirements, this date will not f State's records.
LE VI: Other provisions, if any.	VONE
REQUIRED SIGNATURE:	med M. 1-
This document is executed	ther or an authorized representative of a member.  d in accordance with section 605.0203 (1) (b), Florida Statutes.  information submitted in a document to the Department of State
I am aware that any false in	felony as provided for in 5-817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-