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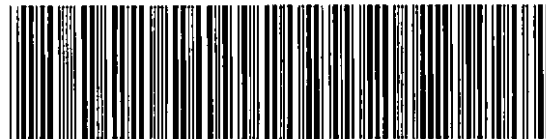
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VICTOR 6, 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:

ANN BLACK
Name of Person
SMITH, THOMPSON, SHAW, MINACCI, COLON & POWER, P.A.
Firm/Company
3520 THOMASVILLE ROAD, FOURTH FLOOR
Address
TALLAHASSEE, FL 32309
City/State and Zip Code
marshallgibbs@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANN BLACK 850 893-4105
Name of Person at (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

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ARTICLES OF ORGANIZATION OF VICTOR 6, LLC

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **VICTOR 6, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business in Florida for the Company is **2367 Centerville Road, Tallahassee, Florida 32308**. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The address of the place of business is **2367 Centerville Road, Tallahassee, Florida 32308**. Such address may be changed from time to time as provided in the Operating Agreement.

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6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: **MARSHALL GIBBS**; the initial, registered office is located at **2367 Centerville Road, Tallahassee, Florida 32308.**

7. **MANAGEMENT.**

The names and addresses of the persons authorized to manage and control the Limited Liability Company are as follows:

Marshall Gibbs
6376 Ox Bow Run
Tallahassee, Florida 32312

Peter Chiarkas
141 Bradford Court
State College, Pennsylvania 16801

EXECUTED at Tallahassee, Leon County, Florida this 18th day of November, 2017.



MARSHALL GIBBS

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **VICTOR 6, LLC.**
2. The name of the registered agent and office is: **Marshall Gibbs, 2367 Centerville Road, Tallahassee, Florida 32308.**

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.



MARSHALL GIBBS, Registered Agent

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