

L18000009551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

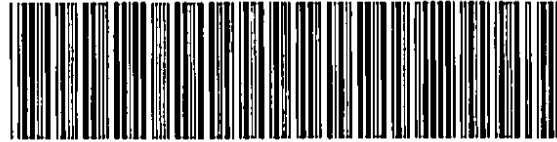
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900306897409

01/11/19--01011--009 \*\*155.00

FILED  
18 JAN 11 PM 12:19  
NOTES: 01/11/19

N CULLIGAN

JAN 12 2018

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Vital Coin 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:

William Howley  
Name of Person

Firm/Company

4207 S. Dale Mabry  
Address

Tampa FL 33611, unit 10301  
City/State and Zip Code

William Howley @ gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Howley at (508) 314-1199  
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vital Coin LLC

(Must contain 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:

4207 S. Dale Mabry  
Tampa FL 33611

Mailing Address:

4207 S. Dale Mabry  
Tampa FL 33611

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:

William Rowley  
Name  
4207 S. Dale Mabry  
Florida street address (P.O. Box ~~NOT~~ acceptable)  
Tampa FL 33611  
City State Zip

FILED  
18 JAN 11 PM 12:19

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..

William Rowley

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

\_\_\_\_\_

MGR

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

William Howley

4207 S. Dale Mabry

Tampa FL 33611

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/8/2018 (OPTIONAL)

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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED SIGNATURE:**

William Howley

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

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 constitutes a third degree felony as provided for in s.817.155, F.S.

William Howley

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)

18 JAN 11 PM 12:19

# L18000009551

---

**Subject:**

FW: Incorrect Registration

**From:** William Howley [mailto:williamhowley@gmail.com]

**Sent:** Tuesday, January 16, 2018 2:56 PM

**To:** corphelp <corphelp@DOS.MyFlorida.com>

**Subject:** Incorrect Registration

Hi, I (William Howley) recently registered the company of "VitalCoin LLC"

Document Number: L18000009551

The person who entered the company name into the system decided to add a space between "Vital" and "Coin"  
There should be NO space. The correct name is "VitalCoin LLC". My original registration sheet clearly shows there being no space. Please have them correct this ASAP.

--  
**William Howley**

[c] 508-314-1199

|  |
|--|
| The Department of State is committed to excellence<br>Please take our <a href="#">Customer Satisfaction Survey</a> . |
|--|