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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Sasmoss Emily Harroy
(Document Number)
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: V:A De Pepi, LLC	
Name of Limited Liability Com	pany
The enclosed Articles of Organization and fee(s) are submitted for filing	ng.
Please return all correspondence concerning this matter to the following	g:
James Wandrow	
Name of Person	
Firm/Company	
2864 S. OASIS DR. Address	
	3426
Boynton Black, FL 3, City/State and Zip C WARDLOWJAMES O YAHOO. COT	ode
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, please call:	
James WARDLOW of 561, 8	431904
Name of Person Area Code Days	ime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy)	Certificate of Status &
	Address
	ling Section n of Corporations
P.O. Box 6327 Clifton	Building
Tallahassee, FL 32314 2661 E	xecutive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	•
(Must contain the words "Limited Liability C	
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
2884 S. OASIS DR. Boynton Beach, FL 33426	2884 S. OASISDR. Boynton Beach, FL 33426
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
James WARD	MOW PERSONAL STORY
2884 S. OASi S Florida street address (P.O. Bo	x NOT acceptable)
Boynton Beach City State	

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Jame's WANDLOW
	2884 S. OASIS DR. Boynton BEACH, FL 33420
AMBR	ADRIANA WARDLOW
	2884 S. OASIS DR.
	BOYNTON BEACH, FL 33426
(Use attachment if necessary)	
TICLE V: Effective date, if other than the date an effective date is listed, the date must be s date of filing.) te: If the date inserted in this block does not	te of filing: MALCh 23 2018. (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days af meet the applicable statutory filing requirements, this date will not be liste
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

March 12, 2018

Florida Department of State

Re: Via De Pepi, LLC

Please find the enclosed Articles of Organization for a new LLC. Also, please find the enclosed check for \$130

Kind Regards,

James Wardlow

2884 S. Oasis Dr.

Boynton Beach, FL 33426

561-843-1904