L18000139403

	<u>.</u>	
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nan	ne)
(50	Siness Linkly Ivan	ne)
(00	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
L		

Office Use Only



900314053369

06/06/19--01007--004 **125.00

18 JUN -6 PM 3: 46

P. K 6-7-14

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: 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:	
Amrew Ojeda Name of Person	
Law office of Aldo Oj-eda	
Tampo, FL 33607	
City/State and Zip Code Cindrew @ Sozehaus-com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Andrew Ojeda at 813, 099-8128	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \text{S125.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	YOISIAIG MOTS!
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 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314	ION OF CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
The Vault 813 L.L.C.
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE 11 - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
7310 N. Armonia Ave 2310 N. Armonia Ave 1ampa FL 33607 1ampa, FL 33607
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: Alwo Otda, esquire Name 77/0 Al Acman or Arm
Florida street address (P.O. Box NOT acceptable)
Tampa FL 33607
City State Zip
laving 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Λ
MGR	Andrew Ojeda
	Tongo FL 33607
Man	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11011	- Matop Kate
,	Tamber 51 33607
	(Might) - Fill (Might)
EV: Effective date, if other than the	date of filing: (OPTIONAL)
ective date is listed, the date must hof filing.) The date inserted in this block does ment's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the ective date is listed, the date must hof filing.) the date inserted in this block does ment's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the sective date is listed, the date must hof filing.) the date inserted in this block does ment's effective date on the Departm E VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the ective date is listed, the date must hof filing.) the date inserted in this block does ment's effective date on the Departm E VI: Other provisions, if any. REOUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 content the applicable statutory filing requirements, this date will not be ment of State's records.
E V: Effective date, if other than the sective date is listed, the date must hof filing.) the date inserted in this block does ment's effective date on the Departm E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is expected.	a member or an authorized representative of a member.
E V: Effective date, if other than the sective date is listed, the date must hof filing.) The date inserted in this block does ment's effective date on the DepartmE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is explained and aware that any	e specific and cannot be more than five business days prior to or 90 conot meet the applicable statutory filing requirements, this date will not be ment of State's records.
E V: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department's effective date on th	a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State

\$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)