## L18000143991

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## COVER LETTER

TO:	New Filing Section Division of Corporations
CUBIE	V.LP. AUTOS
SUBJE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Richard Hoang Nguyen
	Name of Person
	VIP AUTOS
	Firm/Company
	5 Country Club Rd
	Address
	Shalimar FI 32579
	City/State and Zip Code richardnguyen27@yahoo.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Richard H Nguyen 408 916-7241
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
	O Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status} \sum \text{Certified Copy (additional copy is enclosed)} \sum \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \sum \text{Certified Copy (additional copy is enclosed)}
	Mailing Address New Filing Section New Filing Section

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



May 30, 2018

RICHARD HOANG NGUYEN 5 COUNTRY CLUB RD SHALIMAR, FL 32579

SUBJECT: V.I.P. AUTOS Ref. Number: W18000050798

We have received your document for V.I.P. AUTOS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 018A00011170

RECEIVED

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

V.I.P. AUTOS LLC (Must contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")
CLE II - Address:	
ailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address
113 Tupelo Ave SE	5 Country Club Rd
Ft. Walton Beach Fl 32548	Shalimar Fl 32579

The name and the Florida street address of the registered agent are:

Name

5 Country Club Rd

Florida street address (P.O. Box NOT acceptable)

Shalimar FL 32579

City State Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTÍNÚED)

FOR THE STATE

	Name and Address:
"MGR" = Manager	Diskard Dec. Manner
MGR	Richard Hoang Nguyen  5 Country Club Rd
	Shalimar Fl 32579
	Statistical Processing
<del></del>	
(Use attachment if necessary)	
effective date is listed, the date must be sp e of filing.)	of filing: 5/22/2018 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be lift of State's records.
ffective date is listed, the date must be sp e of filing.) If the date inserted in this block does not r	ecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be light of State's records.
effective date is listed, the date must be spee of filing.)  If the date inserted in this block does not recument's effective date on the Department  CLE VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not be lift of State's records.
ffective date is listed, the date must be spe of filing.)  If the date inserted in this block does not reument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me	ecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be light of State's records.

Filing Fees:

Typed or printed name of signee

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)