• •	· ,	
-----	-----	--

X 22 SG 

(R	Requestor's Name)		
(A	ddress)		
A)	ddress)		
(C	ity/State/Zip/Phone #)		
(B	lusiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to	o Filing Officer:		
	Office Use Only		



09/04/18--01039--015 \*\*155.00

" PAGE

7010 SEP -4 AM 11: 52

FILED

CRETARY OF STATE LAHASSEE. FLORIDA

TO: New Filing Section Division of Corporations

- .

VR LUCAS CAPITAL MANAGEMENT, LLC
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:

WILLIAM T. COLEMAN

Name of Person

BRINKLEY MORGAN

Firm/Company

100 SE 3RD AVENUE, 23RD FLOOR

Address

FORT LAUDERDALE, FL 33394

City/State and Zip Code

william.coleman@brinkleymorgan.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

	WILLIAM T. COLEMAN	954 at (	522-2200
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amound	nt:	
\$125.00	Filing Fee \$130.00 Filing F Certificate of St	atus Certific	0 Filing Fee & \$160.00 Filing Fee, ed Copy Il copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		<u>Street Address</u> New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

### VR LUCAS CAPITAL MANAGEMENT, 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:Mailing Address:1440 ARGONAUT ISLE1440 ARGONAUT ISLEDANIA BEACH, FL 33004DANIA BEACH, FL 33004

# 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:

 ROSEANNE LUCAS

 Name

 1440 ARGONAUT ISLE

 Florida street address (P.O. Box <u>NOT</u> acceptable)

DANIA BEACHFL33004CityStateZip

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..

Agent's Signature (REQUIRED)

(CONTINUED)

# SEP -4 AM 11: 52 LED

#### · · · ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR — Manager	VICTOR LUCAS	
	1440 ARGONAUT ISLE	
	DANIA BEACH, FL 33004	
		•
		···
		<del></del>
		iaz i
		A 2

× 1

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>September 1, 2018</u>. (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.)

<u>Note:</u> 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:** L 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. VICTOR LUCAS, MGR, VR Lucas Capital Management, LLC Typed or printed name of signee **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)