

L190000014066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

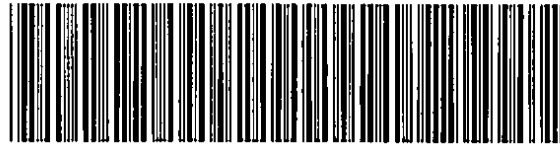
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

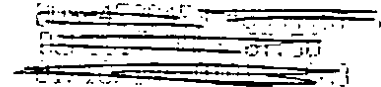
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JAN 16 2019



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19 JAN 10 PM 3:06
STATE
OFFICE OF THE
CLERK OF THE
SUPREME COURT
JAN 16 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VR Services, 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:

Virginia L. Lamphier

Name of Person

VR Services, LLC.

Firm/Company

3320 NW 30th Street

Address

Bell, Florida, 32619

City/State and Zip Code

jrodgers59@yahoo.com

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

For further information concerning this matter, please call:

Virginia L. Lamphier 352 316-3086

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

VR Services, 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:

VR Services, LLC.

3320 NW 30th Street

Bell, Florida, 32619

Mailing Address:

VR Services, LLC.

3320 NW 30th Street

Bell, Florida, 32619

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:

Virginia L. Lamphier

Name

3320 NW 30th Street

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

Bell

City

Florida

State

32619

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.

Virginia L. Lamphier
Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 JAN 10 PM 3:06
NOTARY PUBLIC
STATE OF FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

President

Name and Address:

Virginia L. Lamphier

3320 NW 30th Street

Bell, Florida, 32619

(Use attachment if necessary)

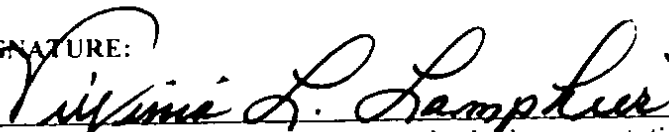
ARTICLE V: Effective date, if other than the date of filing: January, 1st, 2019. (OPTIONAL)

(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:



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.

Virginia L. Lamphier

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)

19 JAN 10 PM 3:06
STATE OF FLORIDA
DEPARTMENT OF STATE