

L19000193094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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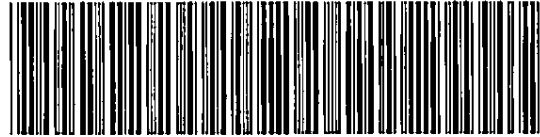
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
19 JUL 25 PM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Vigor Gains, LLC

(Name of Limited Liability Company)

Enclosed are an original and one (1) copy of the articles of organization and a check for:

☐ \$125.00
Filing Fee

☒ \$130.00
Filing Fee
& Certificate of Status

☐ \$155.00
Filing Fee
& Certified Copy

☐ \$160.00
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

Please return all correspondence concerning this matter to the following:

Jack Bly

Name of Person

Vigor Gains, LLC

Firm/Company

111 South Monroe St.

Address

Tallahassee, FL 32301

City, State & Zip Code

jack@vigorgains.com

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

For further information concerning this matter, please call:

Jack Bly

Name of Person

at (407) 592-4176

Area Code Daytime Phone Number

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
OF
Vigor Gains, LLC**

Pursuant to the Limited Liability Company Act of the state of Florida, the undersigned adopt the following articles of organization.

ARTICLE I.

NAME. The name of the limited liability company is Vigor Gains, LLC.

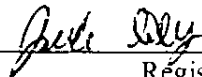
ARTICLE II.

DESIGNATED OFFICE. The mailing and street address of the principal office of the limited liability company is 111 S Monroe Street Tallahassee FL 32301.

ARTICLE III.

AGENT FOR SERVICE OF PROCESS. The name of the initial agent for service of process of the limited liability company is Jack Bly, whose street address is 1346 Royal Saint George Dr. Orlando, FL 32828.

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

FILED
19 JUL 25 PM 7:31
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE IV.

ORGAINZERS. The name, title, and address of each of the organizer of the limited liability company are:

Jack Bly
Authorized Member

111 S Monroe St.
Tallahassee, FL 32301

Gabriel Pluguez
Authorized Member

111 S Monroe St.
Tallahassee, FL 32301

ARTICLE V.

TERM. The limited liability company is not organized for a specific term and will remain in existence until terminated under the terms of its operating agreement or the Limited Liability Company Act of the state of Florida.

ARTICLE VI.

MANAGEMENT. The limited liability company will be managed by its members.

ARTICLE VII.

MEMBER LIABILITY. None of the members of the limited liability company will be responsible for its debts and obligations.

REQUIRED SIGNATURE:

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.



Jack Bly

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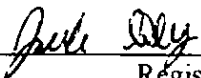
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