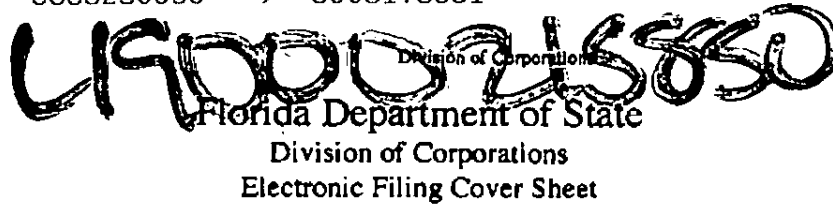


8/30/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000262455 3)))



H190002624553ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
Account Number : 120190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: psfb@comcast.net

FLORIDA LIMITED LIABILITY CO.
LBVW, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2019 AUG 30 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

J. FASON

SEP 03 2019

(1190002624553)

(H190002624553)

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LBVW, 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:

BRIAN BORST

Name of Person

LBVW, LLC

Firm/Company

7977 DAN I DR #130

Address

FORT MYERS, FL 33966

City/State and Zip Code

BRIANBB108@GMAIL.COM

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

For further information concerning this matter, please call:

BRIAN BORST

239

789-6416

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$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

(H190002624553)

(H190002624553)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LBVW, 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:7977 DANI DR #130
FORT MYERS, FL 33966**Mailing Address:**16475 SAN CARLOS BLVD
FORT MYERS, FL 33908**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:

BRIAN BORST

Name

16475 SAN CARLOS BLVDFlorida street address (P.O. Box **NOT** acceptable)FORT MYERSFL33908

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 603, F.S..


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

2019 AUG 30 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FL

(H190002624553)

ARTICLE IV.

Title:

"MGR" = Manager

MGR

Name and Address:

BRIAN BORST

16475 SAN CARLOS BLVD

FORT MYERS, FL 33908

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

BRIAN BORST

Typed or printed name of signee

Filing Fee:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(H 190002624553)