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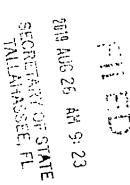
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COVER LETTER

TO: Organism Section Organism Division of Corporations			
SUBJECT: VICTORIOUS CONTRACTING 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:			
VICTOR E MrynczA Namoof Person			
Victorious Contracting LLC.			
7349 Llmerton Rd # 275			
LARGO GIORIDA 33771 City/State and Zip Code bwa 3131017@ gmail.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
S125.00 Filing Fee Certificate of Status S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	:d)		
Mailing Address New Cities Services New Cities Services New Cities Services			
New Filing Section New Filing Section Division of Corporations Division of Corporations			

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLET - Name:	
The name of the Limited Liability Company is:	

VICTORIOUS CONTRACTING

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: Mailing Address:

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:

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

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.,

(CONTINUED)

ARTICLE IV-

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

	Title: "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager AMBR AMBR	Victor E MrynczA 1349 ulmerton Ka # 275
	MCR	VICTOR E. Mryncza 7349 Wmerton Rd # 275 LARgo, 91 33771
		CINETAL CONTROL OF STATE OF ST
	(Use attachment if necessary)	
lf an he da <u>Note</u>	effective date is listed, the date must bate of filing.)	date of filing:
\RT	ICLE VI: Other provisions, if any.	
	REQUIRED SIGNATURE: / -	M Muyenum
	Signature of s	a member or an authorized representative of a member

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 MRYNCZA

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)