(Re	equestor's Name)			
(Ad	dress)			
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COVER LETTER

	New Filing Section Division of Corporations					
SUBJECT	Vinyl Mystery Men, LLC					
300300	Name of Limited Liability Company					
The enclo	sed Articles of Organization and fee(s	s) are submitted	for filing.			
Please ret	urn all correspondence concerning thi	s matter to the	following:			
	Aaron M. Gillmor					
		Name of	Person			
	Vinyl Mystery Men, LLC					
		Firm/Co	mpany			
	24998 Carnoustie Ct					
		Addr	ess			
	Bonita Springs , FL 34135					
	aaron.gill@comcast.net	City/State an	d Zip Code			
	E-mail address: (to be u	ised for future a	innual report notification)			
For further	information concerning this matter, pl	ease call:				
	Aaron M. Gillmor	239	405-3546			
	Name of Person	Area Code	Daytime Telephone Number			
Enclosed	is a check for the following amount:					
\$ 125.00 F	Filing Fee S130.00 Filing Fee & Certificate of Status	└─¹Certifi	20 Filing Fee & Silfont Filing Fee. ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address New Filing Section Division of Corporations		Street Address New Filing Section Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: he name of the Limited Liability Company is:		
Vinyl Mystery Men, LLC		
(Must contain the words "Limited Lis	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	ce of the Limited Liability Company is: Mailing Address:	
ARTICLE II - Address: The mailing address and street address of the principal offi Principal Office Address: 24998 Carnoustie Ct		

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:

Aaron M. Gillmor				
	Name			
24998 Carnoustie Ct				
Florida street addres	is (P.O. Box <u>NOT</u> ac	ceptable)		
Bonita Springs	Florida	34135		
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 605, F.S..

Registered Agent's Signature (REQUIRED

(CONTINUED)

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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	Aaron M. Gillmor		
	24998 Carnoustie Ct.		
	Bonita Springs, FL 34135		
	 		
	 		
(Use attachment if necessary)			
the date of filing.)	cannot be more than five business days prior to or 90 days after pplicable statutory filing requirements, this date will not be listed as		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	4-1/m)		
This document is executed in acc	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes. tion submitted in a document to the Department of State s provided for in s.817.155. F.S.		
Aaron M. Gilimor	,		
<u> </u>	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)