

20000010775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

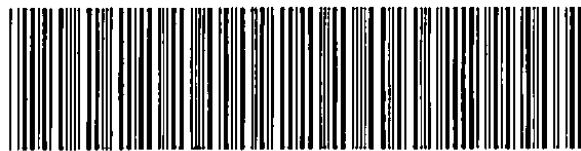
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

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20 JAN 15 PM 3:18

FILED
2020 JAN 15 PM 1:15
STATE
TALLAHASSEE, FL

PITAL CONNECTION, INC.

Virginia Street, Suite 1 • Tallahassee, Florida 32301
4-8870 • 1-800-342-8062 • Fax (850) 222-1222

VITAE RENTALS, LLC

by: SETH

Date

Time

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ICLE I - Name:

Name of the Limited Liability Company is:

AMICI VITAE RENTALS, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ICLE II - Address:

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

Principal Office Address:

1323 VISCAYA PKWY
CAPE CORAL, FL 33990

Mailing Address:

1323 VISCAYA PKWY
CAPE CORAL, FL 33990

ICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)

Name and the Florida street address of the registered agent are:

HAROLD S. ESKIN, ESQ.

Name

1420 SE 47TH STREET

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

CAPE CORAL

FL

33904

City

State

Zip

I, Harold S. Eskin, Esq., being named as registered agent and to accept service of process for the above stated limited liability company at the designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I 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.

Harold S. Eskin, Esq.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2020 JAN 15 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Ronald Bours
1323 Viscaya Pkwy.
Cape Coral, FL 33990

MGR

Audrey Bours Bours
1323 Viscaya Pkwy.
Cape Coral, FL 33990

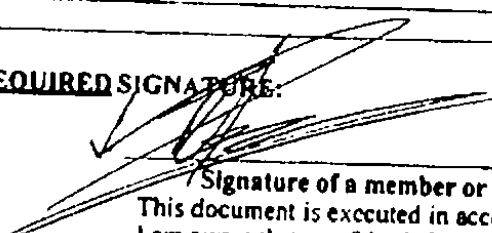
(Use attachment if necessary)

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.

Ronald Bours

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)