

L 20000214114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL 

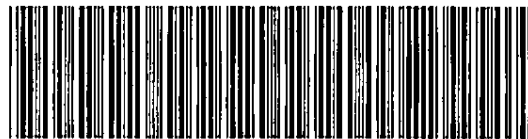
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/09/20--01014 -005 **130.20

FILED
2020 JUL -9 PM 12:25
CLERK OF STATE
TALLAHASSEE, FL

TO: Registration Section
Division of Corporations

SUBJECT: Vega Family LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

188 Grand Oak Cir., Venice, FL 34292

For further information concerning this matter, please call:

Iris Vega, (347) 237-2677

Enclosed is a check for the following amount: \$130.00 Filing Fee and Certificate of Status

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
The Center of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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CLERK OF STATE
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION
OF
Vega Family LLC**

ARTICLE I – NAME

The name of the limited liability company is Vega Family LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
188 Grand Oak Cir., Venice, FL 34292

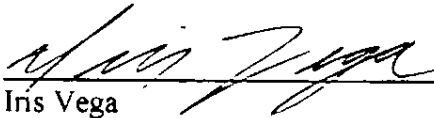
Mailing Address:
188 Grand Oak Cir., Venice, FL 34292

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Iris Vega
188 Grand Oak Cir., Venice, FL 34292

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.


Iris Vega

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:
"MGR" = Manager

Name and Address:

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SECRETARY OF STATE
TALLAHASSEE, FL

"AMBR" = Authorized Member

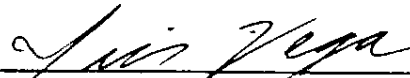
MGR

Ismael Vega
188 Grand Oak Cir., Venice, FL 34292

MGR

Iris Vega
188 Grand Oak Cir., Venice, FL 34292

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.

Iris Vega

Typed or printed name of signee

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DEPARTMENT OF STATE
TALLAHASSEE, FL