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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVERLETTER

TO: New Filing Section Division of Corporations		
SUBJECT: VIT PLASTLYING Name of Limit	ed Liability Company	
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
VICTOR J. Thomp	500	
	Name of Person	
	Firm/Company	
2416 Chateur		
	Address	
Jall + 1 36311		
	v/State and Zip Code 63 @ LPLNOU . L or future annual report notification	<u>COM</u>
For further information concerning this matter, please of	cail:	
VICTOR Thompson at (8.7) Name of Person Are	50 567-391 a Code Daytime Telephone	3 Number
Enclosed is a check for the following amount:		
S125.00 Filing Fee US130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cys160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
Malling Address	Street Address	

Mailing Address

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(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: Mailing Address:	
2416 Chateau Jane Same	
TUITATION SEE, PL 36311	
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.)	į.
The name and the Florida street address of the registered agent are:	が。 - ・ かり 3
0910 (1111111111111111111111111111111111	OK E:
Tall H 32311	0.7
City State Zip Having been varied as registered agent and to accent service of process for the above stated limited liability company at the	

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)

The name and address of each perso	on authorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Magager	Mica Walker 216 Chatlan lane Tail, PC 32311
the date of filing)	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
This document is e	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felong as provided for in s.817.155, F.S. 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)