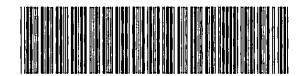
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(Re	equestor's Name)			
(Address)				
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(Ĉil	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		}		
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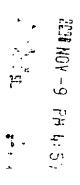
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COVER LETTER

	v Filing Sectio ision of Corpo					
SUBJECT:				VNOK Ban ted Liability Company	dll	
The enclosed	l Articles of Or	ganization and fee(s)) are	submitted for filing.		
Please return	all correspond	lence concerning this	mat	ter to the following:		
_		Patrick	-	H. Mor	nahan	
				Name of Person		
_			•	Firm/Company		
_	287	2 East	. <u></u>	Rainbow	Civile	
				Address		
_	5	arasot	9	15/State and Zip Code ahoun 190 Cu	23/	
		MIT	Cit	sý/State and Zip Code	om cast nu	e
_	E-n	nail address: (to be u	sed f	or future annual report notificati	ion)	-,
For further inf	ormation conc	erning this matter, ple	ease	call:	2. med 4. A.D. 4. A.D.	
4		onahan at			<u> </u>	 *-
	Name c	of Person	Aru	ea Code Daytime Telephon	e Number	1
Enclosed is a	check for the	following amount:			9. E	•
⊠ \$125.00 F		□\$130.00 Filing Fee Certificate of Status	. &	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing /	Address		Street 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:	
5001 Purpose Band LLC	
(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:	
2872 East Rainbow Will Same Sarasoty F. 34231	
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.)	r
The name and the Florida street address of the registered agent are:	
Patrick H. Monahan	
Name 2872 East Rainbow Circle Florida street address (P.O. Box NOT acceptable)	
Florida street address (P.O. Box NOT acceptable)	
City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability comparison descriptions of the appointment as registered agent and agree to act in this cap further agree to comply with the provisions of all statutes relating to the proper and complete performance of my distinguished for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED)	acity. I uties, and I
(CONTINUED)	3
	T . = = = = = = = = = = = = = = = = = =

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	Patrick H. Monahan 2872 East Runiosw Circle Sarusota, Fr. 34231
	
(If an effective date is listed, the date must be sp the date of filing.)	of filing: Jan-1, 2021. (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	none
REOUIRED SIGNATURE:	A Man
This document is execu I am aware that any fals constitutes a third degre	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes.— e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
Patrick	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)