Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (859)617-6381

From:

: FL PATEL LAW PLLC Account Name Account Number : I20170000097 : (727)279-5037 Phone

Fax Number : (727)888-1294

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MichaelGibbons46@outlook.com

FLORIDA LIMITED LIABILITY CO.

Vasconia Investments, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER

Tuesday, December 1, 2020

To: New Filing Section
Division of Corporation

Subject: Vasconia Investments, LLC Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

FL Patel Law PLLC 360 Central Avenue 8th Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at Contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

FOR VASCONIA INVESTMENTS 11.0

VASCONIA INVESTMENTS, LLC

A

Florida Limited Liability Company

ARTICLE I.

The name of the Limited Liability Company is: Vasconia Investments, LLC (the Company).

ARTICLE II. Address

The principal office and mailing address of the Company is:

4109 W Vasconia Street Tampa, FL 33629

ARTICLE III.

Registered Agent, Registered office, & Registered Agent's Signature:

The name and the Florida Street Address of the Registered Agent are:

Michael William Gibbons 4109 W Vasconia Street Tampa, FL 33629

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..

Michael Bibbons (sign)
Michael William Gibbons

(CONTINUED)

17278881294 → 18506176381 pg 4 of 4

ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Addr	Name and Address	
AMBR = Authorized Member MGR = Manager			
MGR	Michael William Gibbons 4109 W Vasconia Street Tampa, FL 33629		
<u>MGR</u>	Matthew David Gibbons 4109 W Vasconia Street Tampa, FL 33629		
	ARTICLE V.		
	hael Bibbons (sign)	ب ب خ خ	

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.

Michael William Gibbons	
 Authorized Representative/Member	