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	(Requestor's Name)	
- 	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer.	





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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/18/20

NAME: VC ENERGY LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

about Hodge

COVER LETTER

TO:	New Filing Section Division of Corpo				
CLUD IE	VC Energy	LLC			
SUBJE	C.1:	Name o	f Limited Liabilit	y Company	
The enc	losed Articles of O	rganization and fee	(s) are submitted t	for filing.	
Please r	cturn all correspond	dence concerning th	is matter to the fo	ollowing:	
	Steve Hayes				
		<u></u>	Name of	Person	
	Steven L Ha	yes, PA			
			Firm/Co	mpany	
	2600 East B	ay Dr. Suite 230			
			Addr	ess .	
	Largo, FL	33771			
			City/State an	d Zip Code	
	steve@slhaye		used for future a	nnual report notificati	on)
					·
For furth	ner information con	cerning this matter,	ptease can:		
	Steve Hayes		727	238-5754 _)	
	Name	of Person	Area Code	Daytime Telephon	e Number
Enclos	sed is a check for th	e following amount	;		
	5.00 Filing Fee	□\$130.00 Filing Certificate of Sta	Fee & □\$15 tus Certif	5.00 Filing Fee & led Copy hal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. B	g Address ling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HOUSE, FL

ARTICLE 1 - Name:	
The name of the Limited	Liability Company is:

	ALZU DEU
ARTICLE I - Name:	OF AND
The name of the Limited Liability Company is:	SICRET. TALLAI
VC Energy LLC	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of <u>Principal Office Address</u> :	the Limited Liability Company is: Mailing Address:
400 Cleveland St	same
Clearwater, FL 33755	
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)	Istered Agent's Signature: ered Agent. You must designate an individual or
and the state of the second present and the registered present	are:

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

Steven Hayes		
	Name	
2600 East Bay Dr.	Suite 230	
Florida street address		cceptable)
Largo, FL 33771		
City	State	Zip

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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	
"AMBR" = Authorized Member	
"MGR" - Manager	
AMBR	VC Management Florida LLC
ANION	400 Cleveland St
	Clearwater, FL 33755
	-15
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ective date is listed, the date mu-	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than fective date is listed, the date must of filing.) If the date inserted in this block do the date inserted ate on the Department's effective date on the Department.	bes not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than fective date is listed, the date must of filing.) If the date inserted in this block do ament's effective date on the Department's effective date on the Department. REQUIRED SIGNATURE. Signature	pes not meet the applicable statutory filing requirements, this date will not be artment of State's records. The of a member or an authorized representative of a member. The eventual in accordance with section 605,0203 (1) (b), Florida Statutes.
EV: Effective date, if other than fective date is listed, the date must of filing.) If the date inserted in this block doment's effective date on the Department's effective date on the Department's effective date on the Department Signature This document Law aware that	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State red degree felony as provided for in s.817.155, F.S.
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