L21000025628

(Rec	uestor's Name))
(Add	lress)	
(Add	lress)	<u>. </u>
(City	/State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



200358604672

.... U... 27 PH 2: 08

. . . 12 = /21

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:

1/27/2021

NAME:

VAB ENTERTAINMENT LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

abbie Hodge

COVER LETTER

	ew Filing Section livision of Corporations				
SUBJECT	VAB Entertainment LLC				
30001201		me of Lin	mited Liabil	ity Company	
The enclos	sed Articles of Organization and	i fee(s) ar	re submitted	for filing.	
Please retu	irn all correspondence concerni	ng this m	atter to the i	ollowing:	
	Alex Junnier				
			Name of	Person	
	VAB Entertainment LLC				
			Firm/Co	mpany	· · · · · · · · · · · · · · · · · · ·
	108 Sardinia Circle				
			Addr	css	
	Jupiter Fl 33458				
			City/State an	d Zip Code	
	alex@culturvated.com		16 6.	1	
For further i	nformation concerning this ma			nnual report notificati	onj
	_	-		427.0724	
	Alex Junnier	at (61	427 8724 .)	
	Name of Person	Α	Area Code	Daytime Telephone	e Number
Enclosed i	s a check for the following amo	ount;			
□\$125.00	Filing Fee \$130.00 Fil Certificate of		Certifi	5.00 Filing Fee & ed Copy al 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 Corporation	18		New Filing Section Di The Centre of Tallaha	issee
	P.O. Box 6327			2415 N. Monroe Stree	et. Suite 810

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 JAN 27 PH 12: 08
SECRETA WAS STATE
TALLAHIESSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

VAB Entertainment 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:

<u>Princip</u>	Principal Office Address:		Mailing Address:		
108 Sardinia Circle	Jupiter Fl 33458		108 Sardinia Circle Jupiter Fl 33458		
					
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its ow active Florida registrat	n Registered Agion.)	Agent's Signature: gent. You must designate an individual or		
	Alex Junnier				
		Name			
	108 Sardinia Circle	·			
	Florida street addre	ess (P.O. Box <u>N</u> o	OT acceptable)		
	Jupiter	Fl	33458		
	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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

c79389F429B74Cegistered Agent's Signature (REQUIRED)

(CONTINUED)

۸	D'	ויר	CI	E.	IV-
**	к		.	a I'a	

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

<u>Title:</u> "AMBR" = Authorize	Name and Address; d Member
"MGR" = Manager	
MGR	Alex Junnier 108 Sardinia Circle Jupiter Fl 33458
MGR	Irvin Castillo 1497 Bruckner Blvd Apt 2 Bronx NY 10472
	<u> </u>
	Amy Mota 196 Second St Apt 129 Jersey City NJ 07302 A
<u>MGR</u>	Amy Mota 196 Second St Apt 129 Jersey City NJ 07302
	2
	10 C 70
	Total Control
(Use attachment if nec	essary)
(If an effective date is listed, th the date of filing.) <u>Note:</u> If the date inserted in th	other than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days prior to or 90 days after s block does not meet the applicable statutory filing requirements, this date will not be listed as not be Department of State's records.
ARTICLE VI: Other provisions	, if any.
REQUIRED SIGNA	TURE:
This d I am a	ocument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, ware that any false information submitted in a document to the Department of State tutes a third degree felony as provided for in s.817.155, F.S.
	Alex Junnier
	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)