

L21000214300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK UP

☐ WAIT

☐ MAIL

(Business Entity Name)

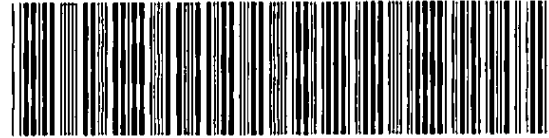
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only

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05/14/21--01023--034 **130.00

LI,

RECEIVED
2021 MAY 14 PM 3:03
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. VIN GROUP FLORIDA, LLC
Name Document Number (if known)

x Walk in _____ Will wait

_____ Certified Copy of the Articles of Organization

_____ Certificate of Status

NEW FILINGS

_____ Profit
_____ Not for Profit
X Limited Liability
_____ Domestication
_____ INC

_____ OTHER - Corp

AMENDMENTS

_____ Amendment
_____ Resignation of R.A. Officer/Director
_____ Change of Registered Agent
_____ Dissolution/Withdrawal
_____ Conversion

_____ Merger

OTHER FILINGS

_____ Annual Report
_____ Fictitious Name
_____ Statement of Authority

_____ APOSTIL () _____
COUNTRY

REGISTRATION/QUALIFICATIONS

_____ Foreign Filing
_____ Partnership
_____ Reinstatement
_____ CORRECTION for a Foreign LLC

_____ Trademark

_____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VIN GROUP FLORIDA, 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:

DUNG MANH VU
Name of Person
VIN GROUP FLORIDA LLC
Firm/Company
1455 FL-436 SUITE 281
Address
CASSELBERRY, FL 32707
City/State and Zip Code
MARKVU@ICLOUD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK VU 646 830-8006
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
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:

VIN GROUP FLORIDA 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:

1455 FL-436 SUITE 281

CASSELBERRY, FL 32707

1455 FL-436 SUITE 281

CASSELBERRY, FL 32707

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.)

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

DUNG MANH VU

Name

1455 FL-436 SUITE 281

Florida street address (P.O. Box **NOT** acceptable)

CASSELBERRY

FL

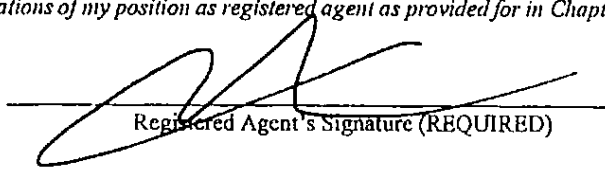
32707

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..


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

Name and Address:

AMBR

DUNG MANH VU
699 OLD COVE ROAD
FORT MILL, SC 29708

MGR

SON NGUYEN
1233 ROUNDTREE CIRCLE
ROCK HILL, SC 29732

MGR

HANG VU
699 OLD COVE ROAD
FORT MILL, SC 29708

MGR

PHUNG NGUYEN
9015 CEDAR RUN WAY
CHARLOTTE, NC 28273

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/14/2021. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
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.

DUNG MANH VU

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)

Dung Vu	699 Old Cove Road, Fort Mill, SC - 29708	AMBR
Son Nguyen	1233 Roundtree Circle, Rock Hill, SC, 29732	MGR
Hang Vu	699 Old Cove Road, Fort Mill, SC - 29708	MGR
Phung Nguyen	9015 Cedar Run Way, Charlotte, NC-28273	MGR
Trang Vu	699 Old Cove Road, Fort Mill, SC - 29708	MGR
Dan Phan	3504 Ettrick Place, Charlotte, NC - 28278	MGR

2011-1-16