

L21000331611

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

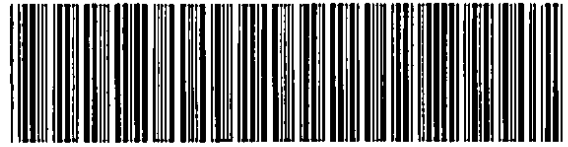
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

JUL 21 2021

T. SCOTT



700369767057

07/19/21--01017--008 \*\*160.00

RECEIVED  
TALLAHASSEE, FLORIDA  
2021 JUL 19 PM 1:23

FILED



Vivien L. Pla  
6710 - B South Juanita Street  
Tampa, FL 33616  
813-531-3166  
Vivienpla8198@yahoo.com

July 15, 2021

New Filing Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

RE: Vivien L. Pla LLC

Dear Sir/Madam:

Please find enclosed the documents for the forming of the above LLC:

1. Cover Letter
2. Articles of Organization For Florida Limited Liability Company
3. Article IV
4. Chase Money Order in the Amount of \$160.00

If you have any questions and/or problems, please don't hesitate to contact me.

Respectfully yours,

Vivien L. Pla

Encls.

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Vivien L Pla 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:

Vivien Lee Pla

Name of Person

Vivien L Pla LLC

Firm/Company

6710 S. Juanita Street, Unit B

Address

Tampa, FL 33616

City/State and Zip Code

vivienpla8198@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vivien Lee Pla

at (

813

)

531-3166

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:

Vivien L Pla 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:**

6710 S. Juanita Street, Unit B  
Tampa, FL 33616

**Mailing Address:**

6710 S. Juanita Street, Unit B  
Tampa, FL 33616

**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:

Vivien Lee Pla

Name

6710 S. Juanita Street, Unit B

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

Tampa

FL


33616

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)

FILED  
2021 JUL 19 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

Vivien Lee Pla  
6710 S. Juanita Street, Unit B  
Tampa, FL 33616

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.

Vivien Lee Pla

\_\_\_\_\_  
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)