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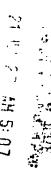
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(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

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

UNIDATE VI Fiona, 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:

Debbie Freeman
Name of Person
VI Fiona
Firm/Company
6591 NW 52nd Street
Address
Coral Springs, Fl. 33067
City/State and Zip Code
debbiefreeman@vifiona.com

For further information concerning this matter, please call:

Debbie Freeman at (954) 520-2452

Name of Person Area Code Daytime Telephone Number

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

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)

XS160.00 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

(Must con	tain the words "Limited Liab	ility Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	address of the principal office	of the Limited	Liability Company is:		
<u>Princir</u>	oal Office Address:		Mailing Address:		
6591 NW 52nd 9	6591 NW 52nd Street		6591 NW 52nd Street		
Coral Springs, Fl. 33067	· · · · · · · · · · · · · · · · · · ·	Corai	Springs, Fl 33067		
		me			
		STF 3	20		
	7901 4th St N Florida street address (P.				
	7901 4th St N				
	7901 4th St N	O. Box <u>NOT</u> a	cceptable)		

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
Manager	
- Wallagel	
Manager	Debbie Freeman
	6501 NW Strui Street
	Corel Springs, PL 33067
Member	
Member	
- Wellioei	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date	e of filing: 9/1/2021 (OPTIONAL)
	pecific and cannot be more than five business days prior to or 90 days after
the date of filing.)	technic and campy of the feet chain in Committee and a prior to the feet and a feet
	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: /	() (1: 01
A)	Lebling Freeman
Signature of a m	ember or an authorized representative of a member.
	ited in accordance with section 605.0203 (1) (b). Florida Statutes.
I am aware that any fals	e information submitted in a document to the Department of State
-	re felony as provided for in s.817.155, F.S.
Debbie Fre	
	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)

COVER LETTER

TO: New Filing S Division of C			
SUBJECT: VI F	iona, LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles of	of Organization and fee(s) are	e submitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
Debb	oie Freeman		
-		Name of Person	
VI Fic	ona		
	-	Firm/Company	
6591	NW 52nd St	reet	
	•	Address	
Cora	l Springs, Fl.	33067	
		ity/State and Zip Code	
debbiefree	eman@vifiona.com	Con Estate annual a most actificati	tion)
		for future annual report notifica	non)
For further information of	concerning this matter, please		
Debbie	e Freeman 🔠 9	520-245	2
Na		rea Code Daytime Telepho	
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)
Mail	ing Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ART	ICLE	1	- }	N	a	m	e:	
***		r.					٠.	- 1

The name of the Limited Liability Company is:

VI Fiona

(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:
6591 NW 52nd Street	6591 NW 52nd Street
Coral Springs, Fl. 33067	Coral Springs, Fl. 33067

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:

Northwest Regis	tered Agent	LLC
	Name	
7901 4th St	N STE 3	00
Florida street address (P.O. Box <u>NOT</u> :	acceptable)
St. Petersburg	FL	33702
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:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Manager	
Manager	Debbie Freeman
	6561 NW 52nd Street
	Cora Springs 1) 3067
Member	
Member	
Wender	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat	e of filing: 9/1/2021 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after
(1) an effective date is fisted, the date must be s the date of filing.)	becine and cannot be more than live business days prior to or 90 days after
1	meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departmen	t of State's records.
ARTICLE VI: Other provisions, if any.	
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:	
Signature of a m	tember or an authorized representative of a member.
This document is execu	ated in accordance with section 605.0203 (1) (b). Florida Statutes.
I am aware that any fals	se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
constitutes a tittu degit	is reiony as provided for in \$.617.133, r.s.

Debbie Freeman

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)