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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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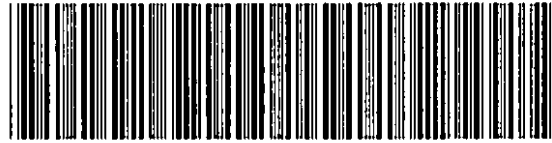
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SECRETARY OF STATE  
TALLAHASSEE, FL

✓

**ARTICLES OF ORGANIZATION**

of

**VETTE GJV ENTERPRISES LLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

**ARTICLE I - ORGANIZATION NAME**

The name of the organization is Vette GJV Enterprises LLC.

**ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, and to be afforded all the protections of the laws of the State of Florida afforded to limited liability companies.

**ARTICLE IV – ORGANIZATION OFFICE**

The organization's principal office address shall be as follows:

14265 N Bayshore Dr  
Madeira Beach, FL 33708

The organization's mailing address shall be as follows:

14265 N Bayshore Dr  
Madeira Beach, FL 33708

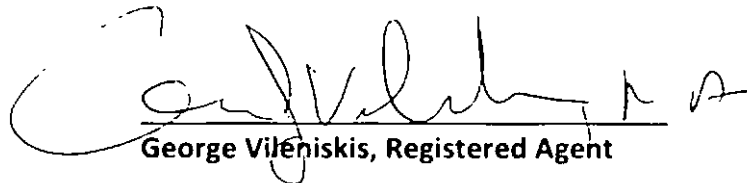
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TALLAHASSEE, FL

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S  
SIGNATURE**

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

George Vileniskis  
14265 N Bayshore Dr  
Madeira Beach, FL 33708

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.



George Vileniskis, Registered Agent

**ARTICLE VI - MANAGERS**

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

George Vileniskis  
14265 N Bayshore Dr  
Madeira Beach, FL 33708

**ARTICLE VII – EMAIL CONTACT INFORMATION**

The organization's email address shall be georgevrealty@aol.com

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TALLAHASSEE, FL

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**ARTICLE VIII - SIGNER**

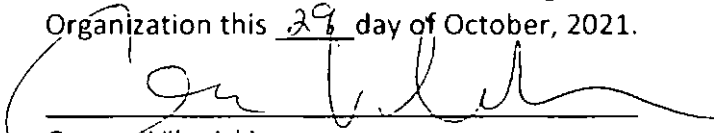
The name and address of the person signing these Articles of Organization is as follows:

George Vileniskis  
14265 N Bayshore Dr  
Madeira Beach, FL 33708

**ARTICLE IX – MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

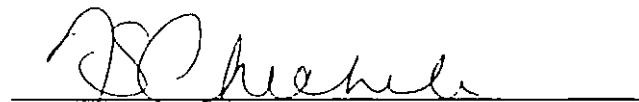
IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 29 day of October, 2021.

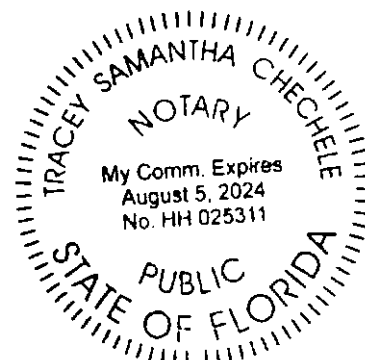
  
George Vileniskis

STATE OF FLORIDA  
COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared George Vileniskis, known to me to be the person who executed the foregoing Articles of Organization, or who presented FL Dr. License as identification, and who acknowledged before me that he executed these Articles of Organization.


IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, 29 day of October, 2021.

  
Notary Public, State of Florida at Large  
My Commission Expires:



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SECRETARY OF STATE  
TALLAHASSEE  
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 **Division of Corporations**  
**Image Administration**

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Please add there 2 pages  
to the back of the above  
application.

Thanks,  
Becky

# Application Registration for Online Notary Public

Mail to: Florida Department of State, Division of Corporations, ATTN: Notaries PO Box 6327, Tallahassee, FL 32314

In person or courier service to: 2415 North Monroe St., Suite 810, Tallahassee FL 32303

## PERSONAL INFORMATION

Full name: Mayo Deysha Adriana  
(Last) (First) (Middle)

Name as Commissioned: Deysha Mayo

Home Address: 403 Kensington Lake Circle Brandon FL 33511  
(Street) (City) (State) (County) (Zip) Hillsborough

Email Address: deysha@dottedlineassociates.com Phone Number: (727) 674-3604

Florida Notary Commission Number: HH146168 Expiration: 10/27/2023

Florida Notary ID: 1394264

Civil-Law Notary- Florida Bar Number: N/A Date appointed: N/A

Commissioner of Deeds Expiration date: N/A

I will use the following RON Service Provider in compliance with Florida Law: \_\_\_\_\_

- The applicant confirms:
1. The technology and processes they have chosen for use in performing online notarizations must satisfy the requirements set forth in Ch. 117, Florida Statutes, and Ch. 1N-7, Florida Administrative Code.
  2. They have submitted evidence of obtaining a bond in the amount of \$25,000.
  3. They have submitted evidence of Errors and Omission (E&O) insurance policy in the minimum amount of \$25,000.
  4. They have submitted a copy of their commission or appointment as a Notary Public, Civil-Law Notary, or Commissioner of Deeds.
  5. They have submitted payment of registration fee of \$10 by check payable to the Florida Department of State.
  6. They understand that suspension, revocation, expiration, or termination of the applicant's Notary Public commission or appointment as a Civil-Law Notary, or Commissioner of Deeds immediately deactivates an Online Notary Public's registration.
  7. They have submitted evidence of completing a classroom or online course covering the duties, obligations and technology requirements for serving as online notary public.

Under penalties of perjury, I declare that I have read the foregoing Registration for Online Notary and that the facts stated in it are true.

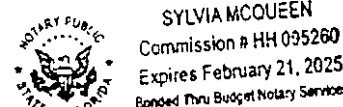
Signature: [Signature]  
Print Name: Deysha Mayo

STATE OF FLORIDA  
COUNTY OF Hillsborough

Sworn to, affirmed, and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 1 Day of 11 20 21, by Deysha Mayo who is personally known to me or who has produced Driver License as identification.

[PLACE NOTARIAL SEAL]

Notary Signature: [Signature]  
Print Name: Sylvia McQueen  
Notary Public, State of Florida  
My Commission Expires: 2/21/25



NOTARY I.D. NO.  
1594264

COMMISSION NO.  
HH 146168

# STATE OF FLORIDA

Executive Department

I, Ron DeSantis, Governor of Florida, by virtue of the authority vested in me by the Constitution and Laws of this State, do hereby commission

**Deysha Mayo**

**NOTARY PUBLIC**

in and to the State of Florida

from October 28, 2019, through October 27, 2023 and in the Name of the People of the State of Florida to have, hold and exercise the said office and all the powers and responsibilities appertaining thereto, and to receive the privileges and emoluments thereof in accordance with the law

In Testimony Whereof, I do hereunto set my hand and cause to be affixed the Great Seal of the State, Tallahassee, Florida

*RCD*

Governor

*Samuel R. Bux*

Secretary of State

NNAF