## 12100517473

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PICK-UP WAIT MAIL			
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(Document Number)			
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## **COVER LETTER**

TO: New Filing Section Division of Corporations						
SUBJECT: Velocity IOT LLC						
Name of Limited Liability Company						
The enclosed	Articles of Organization and fee(s) a	re submitted for filing.				
Please return	all correspondence concerning this n	natter to the following:				
	William N Moleswo	rth				
_		Name of Person				
Velocity 1OT LLC						
_		Firm/Company				
	1317 Edgewater Dr. #5015					
		Address				
	Orlando, FL 32804					
_	(	City/State and Zip Code				
	E-mail address: (to be used	for future annual report notification)				
For further info	rmation concerning this matter, pleas	e call:				
	William N Molesworth	201 200 0000				
	Name of Person A	rea Code Daytime Telephone Number				
Paral 11	1.10.10.1					
	check for the following amount:					
\$125.00 Filing	g Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address	Street Address				
	New Filing Section Division of Corporations	New Filing Section  Division of Corporations				
	P.O. Box 6327 Clifton Building					
	Tallahassee, FL 32314 2661 Executive Center Circle					

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Velocity	CIOT ELC			
(Must cont	ain the words "Limited Liab	oility Compa	ny, "L.L.C.," or "LLC.")	
RTICLE II - Address:				
e mailing address and street ac	ddress of the principal office	of the Lim	ited Liability Company is:	
Principal Office Address:			Mailing Address:	
1317 Edg	ewater Dr. #5015		1317 Edgewater Dr, #5015	
Orlando, FL 32805				
RTICLE III - Registered Age the Limited Liability Company	nt, Registered Office, & R	egistered Age	Orlando, FL 32805  .gent's Signature: nt. You must designate an individual o	
RTICLE III - Registered Age	ent, Registered Office, & R cannot serve as its own Reg ctive Florida registration.)	istered Age	gent's Signature:	
RTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, & R cannot serve as its own Reg ctive Florida registration.)	istered Age	gent's Signature:	
RTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, & Recannot serve as its own Registive Florida registration.) address of the registered age Kelly Miller	istered Age	gent's Signature:	
RTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, & Recannot serve as its own Registive Florida registration.) address of the registered age Kelly Miller	nt are:	gent's Signature:	
RTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, & Recannot serve as its own Registration.) address of the registered age  Kelly Miller Na	nt are: me er Dr	gent's Signature: nt. You must designate an individual o	
RTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, & Recannot serve as its own Registive Florida registration.) address of the registered age  Kelly Miller Na	nt are: me er Dr O. Box <u>NO</u>	gent's Signature: nt. You must designate an individual o	

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	Name and Address:
"MGR" = Manager	William N Molesworth
	15 Hluchy Drive
MGR	Robbinsville, NJ 08691
	Anthony Protopsaltis
MGR	50 Greybarn Lane #107
Man	Amityville, NY 11701
<del> </del>	
<del></del>	
(Use attachment if necessary)	
If an effective date is listed, the date must be spine date of filing.)  Note: If the date inserted in this block does not i	ecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
he document's effective date on the Department	of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed am aware that any falso constitutes a third degree	ember or an authorized representative of a member. and in accordance with section 605.0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State as felony as provided for in s.817.155, F.S.
William N M	lolesworth
<del></del>	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)

