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#### **WALK IN**

	PICK	UP: 6/21 DANNY
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	J & E LLC CORPORATE NAME AND DOCUME	ENT#)
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#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: VIEF 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:  Tohn P. Mc Affect  Name of Person
Firm/Company
138 N 12th Place Address
City/State and Zip Code  City/State and Zip Code  Caffrey 9 @ hotmail. (CM)  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John P. McCaffey at 501 301-7826  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

VJ+E LLC

The mailing address and street address of the principal office of the Limited Liability Company is:

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SECRETAIN OF STATE
TALLAHASSEE. FL

Principal Office Address:	Mailing Address:
138 N 12th Place Lantona PL 33462	138 N 12th Place Lantana FL 33462
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registant another business entity with an active Florida registration.)	egistered Agent's Signature: stered Agent. You must designate an individual or
The name and the Florida street address of the registered agen	nt are:
John P. P.	McCaffrey
138 N 12	th Phae
Florida street address (P.O	). Box NOT acceptable)
Lantana	FL 33462 State Zip
	process for the above stated limited liability company at the ent as registered agent and agree to act in this capacity. I g to the proper and complete performance of my duties, and I istered agent as provided for in Chapter 605, F.S  gent's Signature (REQUIRED)
(CO	NTINUED)

Tistes		Name and Address.
<u>Title:</u> "AMB	R" = Authorized Member	Name and Address:
"MGR ——	"MGR" = Manager	John P. McCaffrey 138 D 12th Place Lantona FL 33462
	MGR	Victi A. McCaffrey 138 N 12+5 Place/ Tontara FL 33462
		Tontana h. 33462 P
		PH 12: 53
(Use a	ttachment if necessary)	in the second se
If an effective on the date of filing Note: If the da	g.)	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as
If an effective of the date of filing Note: If the dath document's	date is listed, the date must be spe g.) te inserted in this block does not m	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.
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If an effective of the date of filing Note: If the dath document's ARTICLE VI:	date is listed, the date must be specially be inserted in this block does not meffective date on the Department of Other provisions, if any.  JIRED SIGNATURE:  Signature of a method occurrent is executed am aware that any false	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.  Company is managed managed and accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State
If an effective of the date of filing Note: If the dath document's ARTICLE VI:	date is listed, the date must be specially be inserted in this block does not meffective date on the Department of Other provisions, if any.  JIRED SIGNATURE:  Signature of a method occurrent is executed am aware that any false	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.  Company is managed.  Ember of an authorized representative of a member. The day of the section 605.0203 (1) (b), Florida Statutes.

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)