## Florida Department of State

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Division of Corporations Electronic Filing Cover Sheet

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(((H22000285120 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MICHAEL A. LAMPERT, P.A.

Account Number : I20200000124 : (561)689-9407 Fax Number : (561)909-2107

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

touch24@aol.com

## FLORIDA LIMITED LIABILITY CO. **Properties VRTical LLC**

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Certificate of Status	1
Certified Copy	1
Page Count	04
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## COVER LETTER

	w Filing Section vision of Corporations	
SUBJECT:	Properties VRTical LLC	
	Name of Limited Liabili	ty Company
The enclosed	d Articles of Organization and fee(s) are submitted	for filing.
Please return	all correspondence concerning this matter to the fo	ollowing:
_	MICHAEL A. LAMPERT, ES	Q
	Name of	Person
	MICHAEL A. LAMPERT, P.,	
	Firm/Cor	npany
_	1655 PALM BEACH LAK	
	Addre	\$\$
_	WEST PALM BEACH, FL	
	City/State and Zip touch24@aoi.com	
_	E-mail address: (to be used for future ar	
For further info	ormation concerning this matter, please call:	
	MICHAEL A. LAMPERT at ( 561	689-9407
	Name of Person Area Code	Daytime Telephone Number
Enclosed is a	check for the following amount:	
□\$125.00 Fi	iling Fee U\$130.00 Filing Fee & U\$155. Certificate of Status Certificate	copy is enclosed) Certified Copy 🚟 🚡 🛴 (additional copy is enclosed) 🚫 🚆
	New Filing Section Notice of Corporations To P.O. Box 6327 2	itreet Address lew Filing Section Division The Centre of Tallahassee 415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To: 8506176381@rcfax.com Fax: (850) 617-6381

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:			
	Properties VRTica	ILLC		
(Must conta	in the words "Limited.	Liability Company,	"L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Limited	Liability Company is:	
Principa	Office Address:		Mailing Address:	
17099 Gulf Pit	ne Circle		17099 Gulf Pine Circle	
Wellington.	FL 33414		Wellington, FL 33414	
		LAMPERT, P.A.  Name  BEACH LAKES BL s (P.O. Box NOT ac	<del></del>	
	WEST PALM BEA	.CH FI.	33401	
	City	State	Zip	
daving been named as registered as clace designated in this certificate, l urther agree to comply with the pro um familiar with and accept the obli	hereby accept the appo visions of all statutes re gations of my position o	ointment as registere lating to the proper	d agent and agree to act in this and complete performance of n s provided for in Chapter 605,	capacity. I ny duties, and I
		(CONTINUED)		

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MGR  DANIEL TOUCHET  17099 Gulf Pine Circle  Wellington, FL 33414  MGR  CRYSTAL TOCHET  17099 Gulf Pine Circle  Wellington, FL 33414  Wellington, FL 33414  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  fective date is listed, the date must be specific and cannot of filing.)	Gulf Pine Circle ton, FL 33414  STAL TOCHET OG Gulf Pine Circle Illington, FL 33414
T7099 Gulf Pine Circle   Wellington, FL 33414	Use attachment if necessary)  LEV: Effective date, if other than the date of filing:  [fective date is listed, the date must be specific and cannot of filing.]	Gulf Pine Circle ton, FL 33414  STAL TOCHET OG Gulf Pine Circle Illington, FL 33414
Wellington, FL 33414  CRYSTAL TOCHET  17099 Gulf Pine Circle  Wellington, FL 33414.  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	Wellings  MGR  CRY  1709  We  (Use attachment if necessary)  LEV: Effective date, if other than the date of filing:  fective date is listed, the date must be specific and cannot of filing.)	STAL TOCHET OF Guif Pine Circle Illington, FL 33414
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LE V: Effective date, if other than the date of filing:	EV: Effective date, if other than the date of filing:	(OPTIONAL)
REQUIRED SIGNATURE:	ment's effective date on the Department of State's records.	
RECUIRED SIGNATURE:	DECUMPED CICAL TYING	
	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.	I am aware that any false information subm	with section 605.0203 (1) (b), Florida Statutes.  nitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.	I am aware that any false information subm constitutes a third degree felony as provide	with section 605.0203 (1) (b), Florida Statutes. hitted in a document to the Department of State and for in s.817.155, F.S.
constitutes a third degree felony as provided for in s.817.155, F.S.  MICHAEL A. LAMPERT, ESQ  Typed or printed name of signee	I am aware that any false information submonstitutes a third degree felony as provide  MICHAEL A. LAMPI	with section 605.0203 (1) (b), Florida Statutes. hitted in a document to the Department of State and for in s.817.155, F.S.  ERT, ESQ
constitutes a third degree felony as provided for in s.817.155, F.S.  MICHAEL A. LAMPERT, ESQ  Typed or printed name of signee	I am aware that any false information submonstitutes a third degree felony as provide  MICHAEL A. LAMPI  Typed or printer	with section 605.0203 (1) (b), Florida Statutes. hitted in a document to the Department of State and for in s.817.155, F.S.  ERT, ESQ d name of signee
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constitutes a third degree felony as provided for in s.817.155, F.S.  MICHAEL A. LAMPERT, ESQ  Typed or printed name of signee	I am aware that any false information submonstitutes a third degree felony as provide  MICHAEL A. LAMPI  Typed or printer  Filing Fe.  \$125.00 Filing Fee for Articles of Organization and De	with section 605.0203 (1) (b), Florida Statutes. hitted in a document to the Department of State and for in s.817.155, F.S.  ERT, ESQ d name of signee