

L23000 255411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

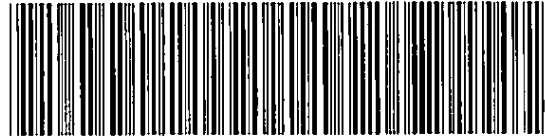
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/10/23--01012--008 \*\*125.00

FILED  
JUN 10 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VM Builders LLC  
335 Normandy Dr.  
Indialantic, FL 32903  
772-643-6864  
[izabelv48222@gmail.com](mailto:izabelv48222@gmail.com)

May 8, 2023

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Document Number L21000357417  
Tax ID 87-2066536  
LLC Name VM Builders LLC

Dear Sir or Madam:

I am the owner of the above referenced LLC that has been administratively dissolved and I am sending this letter as an affidavit that I will not attempt to reinstate it. Instead, I am attaching the Articles of Organization for a new LLC that has the same name, along with the required \$125 fee.

Sincerely,



Manuel Vieira, President

RECEIVED  
MAY 10 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT: VM BUILDERS 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:

Manuel Vieira

\_\_\_\_\_  
Name of Person

VM BUILDERS LLC

\_\_\_\_\_  
Firm/Company

335 NORMANDY DR

\_\_\_\_\_  
Address

Indialantic, FL 32903

\_\_\_\_\_  
City/State and Zip Code

izabelv48222@gmail.com

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

For further information concerning this matter, please call:

Trina Downey

321

773-7747

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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)

**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

ARTICLE I - Name:

The name of the Limited Liability Company is:

VM BUILDERS LLC

(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:

335 NORMANDY DR

Indialantic, FL 32903

Mailing Address:

335 Normandy Dr

Indialantic, FL 32903

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:

Manuel Vieira

Name

335 NORMANDY DR

Florida street address (P.O. Box **NOT** acceptable)

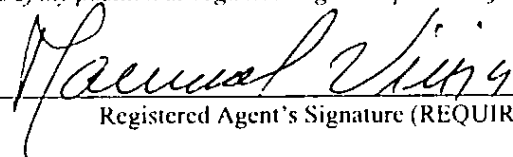
Indialantic, FL 32903

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)

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Name

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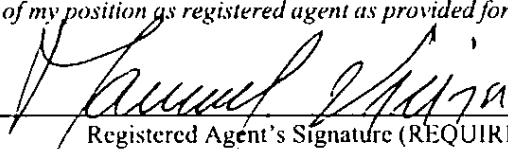
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Registered Agent's Signature (REQUIRED)

(CONTINUED)