

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H230002038413ABCX

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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : RASI
 Account Number : 120220000023
 Phone : (800)221-2972
 Fax Number : (917)243-5843

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

VPPC LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

2023 JUN -7 PM 3:37

FLORIDA
 DIVISION OF
 CORPORATIONS
 COMMERCIAL

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

JUN 7 AM 2:09

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VPPC LLC

(Must end with 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:Mailing Address:15468 Alsace Circle
Port Charlotte, FL 3398115468 Alsace Circle
Port Charlotte, FL 33981

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:

Paul Frischilla

Name

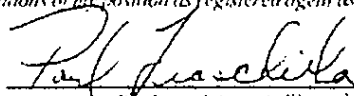
15468 Alsace CircleFlorida street address (P.O. Box NOT acceptable)Port CharlotteFL33981

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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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Paul Frischilla

15468 Alsace Circle

Port Charlotte, FL 33981

AMBR

Vincent Margiotta

3608 Flagship Dr. #202

Fort Myers, FL 33919

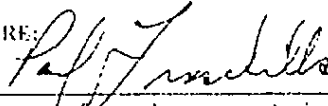
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

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 § 817.155, F.S.

Paul Frischilla

Typed or printed name of signer

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)

To:

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850-617-6381

2023-06-07 14:06:30 CDT
6/7/2023 2:53:28 PM PAGE

Lexitas
1/001 Fax Server

From: Veronica Gonzalez



June 7, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RASI

SUBJECT: VAP LLC
REF: W23000080240

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is 513275.

If you have any further questions concerning your document, please call (850) 245-6052.

Rickey L Richardson
Regulatory Specialist II
New Filing Section

FAX Aud. #: H23000203841
Letter Number: 923A00012951