(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(D.)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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W23-148346

Office Use Only



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October 31, 2023

VALERIE DYANNE FONESCA CARTAGENA 4103 MYRTLEWOOD DR SANFORD, FL 32771 US

SUBJECT: VF PRO SERVICES LLC

Ref. Number: W23000148346

We have received your document for VF PRO SERVICES LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Carlos E Rico Supervisor

State Consta

Letter Number: 923A00025228

## ARTICLES OF ORGANIZATION FOF FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VF PRO SERVICES	) LC
(Must conatin 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:
203 Myrthewood Dr. 5	4103 Ryrthword D,
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent another business entity with an active Florida registration.)	nt's Signature: You must designate an individual or
The name and the Florida street address of the registered agent are:	
Valence Dynne T-on	ea autagena
Florida street address (P.O. Box NOT a	cceptable)
Soutord Tlongs	3277 I
City State	Zip
Having been named as registered agent and to accept service of process for the place designated in this certificate, I hereby accept the appointment as register further agree to comply with the provisions of all statutes relating to the proper am familiar with and accept the obligations of my position as registered agent Registered Agent's Signat	ed agent and agree to act in this capacity. I and complete performance of my duties, and I is provided for in Chapter 605, F.S
(CONTINUED)	

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Vice containing of	Male: Nince to a la
1.16.21C6.1.11	Johns Dynne Finns Carta
EV: Effective date, if other than the date ctive date is listed, the date must be filing.) the date inserted in this block does no	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days t meet the applicable statutory filing requirements, this date will not be
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ARTICLE IV-