

L2400347199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

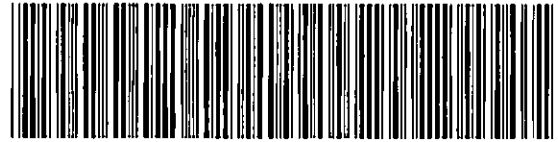
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/02/24--01021--021 **125.00



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COVER LETTER

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

VIPJ Property, LLC

SUBJECT: _____
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:

Shannah Pilson, Esq.

Name of Person
Pilson Law

Firm/Company
775 E Merritt Island Causeway, Suite 210

Address
Merritt Island, Florida 32952

City/State and Zip Code
shannah@pilson.law

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

For further information concerning this matter, please call:

Shannah Pilson 321 316-6523

_____ 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

FILE
2024 JUN -2 AM 11:33
001100

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VIPJ Property, 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:

Mailing Address:

4782 Shannock Avenue
Merritt Island, Florida 32953

4782 Shannock Avenue
Merritt Island, Florida 32953

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:

James M. Pinto

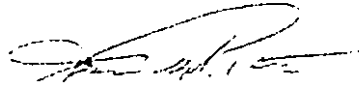
Name

4782 Shannock Avenue

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

<u>Merritt Island</u>	<u>Florida</u>	<u>32953</u>
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)

③

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STATE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

James M. Pinto as Trustee of the James M. Pinto and Karen
M. Pinto Revocable Trust dated July 26, 2024
4782 Shannock Avenue, Merritt Island, Florida 32953

MGR

Karen M. Pinto as Trustee of the James M. Pinto and Karen
M. Pinto Revocable Trust dated July 26, 2024
4782 Shannock Avenue, Merritt Island, Florida 32953

(Use attachment if necessary)

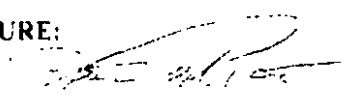
ARTICLE V: Effective date, if other than the date of filing: 07/29/2024. (OPTIONAL)

(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 s.817.155, F.S.

James M. Pinto

Typed or printed name of signee

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)

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DATE

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