M1500005318

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
WBH	4329	

Office Use Only



700274276847

06/26/15--01028--002 **130.00

SECRETARY OF STATE FALLAHASSEE. FLORIDA

DIVISION OF CORPORATION

JUL 06 2015

S MASON



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2015

SAM JUNDI 551 COLISEUM STREET, UNIT 23203 ORLANDO, FL 32828

SUBJECT: V220, LLC

Ref. Number: W15000044329

We have received your document for V220, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE APPLICATION SENT WAS FOR V1, LLC. PLEASE SEND THE APPLICATION FOR V220, LLC IT WAS NOT INCLUDED WITH THE FILING.,

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) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 315A00013592

15 JUL -2 AM 8:41

www.sunbiz.org

Division of Comparations D.O. DOV 6207 Tallahaggae Florida 2021

COVER LETTER

TO:

ro:	Registration Section Division of Corporations	
SUBJI	V220, LLC ECT:	
		e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter to	o the following:
	Sam Jundi	
		Name of Person
	V220, LLC	
		Firm/Company
	551 Coliseum St., Unit 23203	
		Address
	Orlando FL 32828	
	C	ity/State and Zip Code
	sam.jundi67@gmail.com	
	E-mail address: (to be	e used for future annual report notification)
For fur	ther information concerning this matter, please cal	l:
	Sam Jundi	248 561-8447 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	MAILING ADDRESS:	STREET ADDRESS: Division of Corporations
	Division of Corporations	· · · · · · · · · · · · · · · · · · ·
	Registration Section	Registration Section
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 REPUBLICATION REPUBLICAT
Enclose	ed is a check for the following amount:	
	□ \$125.00 Filing Fee	& 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

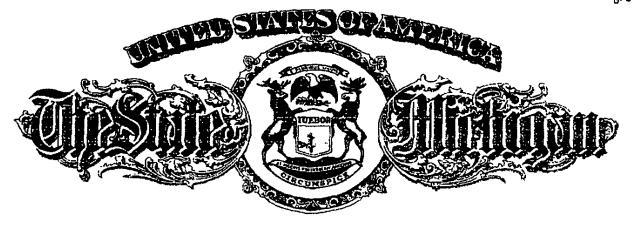
IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

	eign Limited Liability Compa	any; must includ	e "Limited Liability Company	y," "L.L.C.," or "Ll	.C.")		_
(If name unavailable, enter a	lternate name adopted for the	purpose of trans	sacting business in Florida. T	he alternate name n	nust inclu	ıde "Liı	— mited
State of Michigan	,	3.	EIN 47-3748926				
	of which foreign limited liab	oility 3	(FEI numbe	er, if applicable)			_
April 29, 2015							
•	(Date first transacte	d business in Flo	rida, if prior to registration.)	:			
551 Coliseum St., Uni	t 23203, Orlando FL 3282		S. to determine penalty liabil	шу)			<u>로</u>
	,				ES:	귥	SE ∃S
	(6)	<u> </u>	0.05		<u> </u>		모음
551 Coliseum St. Unit	(Street Add 23203, Orlando FL 32828	ress of Principal	Office)		惠置	1/-	SAZ-
. 331 Conscan St., Ont	23203, Offando 112 32020) 			留堂	2	
						F	- 65 m
	(N	dailing Address)			욁	4:8	RAI AI
. Name and street addres	ss of Florida registered age	ent: (P.O. Box	NOT acceptable)		Ş™	-	<u> </u>
Name:	Sam Jundi						er?
Office Address:	551 Coliseum St., Unit 2	23203,					
Office Address.	Orlando	,		2828			
		City)	, Florida <u>-``</u>	(Zip code)			
laving been named as re	accept the appointment a	s registered ag	rocess for the above state ent and agree to act in thi lete performance of my du	s capacity. I furt	her agr	ee to c	omply
vith the provisions of all :	statutes relative to the pro- tion as registered agent.	per ana comp		,			- -
vith the provisions of all :	ition as registered agent.	(Registered age	₹.				
oith the provisions of all in the obligations of my posi	ition as registered agent.	(Registered ager	₹.				
with the provisions of all the obligations of my positions. 3. The name, title or capa	ition as registered agent.	(Registered ager	nt's signature) s/have authority to manage				
with the provisions of all the obligations of my positive obligations of my positive of the obligations of my positive of the obligations of the o	acity and address of the pe	(Registered ager rson(s) who has Orlando FL 32	nt's signature) s/have authority to manage 2828				
with the provisions of all the obligations of my positive obligations of my positive of the obligations of my positive of the obligations of the o	acity and address of the pe	(Registered ager rson(s) who has Orlando FL 32	nt's signature) s/have authority to manage 2828				
with the provisions of all the obligations of my positions. 8. The name, title or capa Sam Jundi-Manager, 551 Layal Akkawi Jundi-Mem	acity and address of the pe Coliseum St., Unit 23203, aber, 551 Coliseum St., Unit of existence, no more than	(Registered agerrson(s) who has, Orlando FL 32nit 23203, Orlando FL 3200, Orlando FL 3	nt's signature) s/have authority to manage 2828	s is/are:	tody of recertific	records	s in the
sith the provisions of all the obligations of my positive obligations of my positive or capa and Jundi-Manager, 551 ayal Akkawi Jundi-Mem Attached is a certificate prisdiction under the law and the law are some of the law are some or capa and the	acity and address of the per Coliseum St., Unit 23203, aber, 551 Coliseum St., Unit 23203, of existence, no more that of which it is organized. (Instituted)	(Registered agerrson(s) who has, Orlando FL 32nit 23203, Orlando FL 3200, Orlando FL 3	nt's signature) s/have authority to manage 2828 ndo FL 32828 duly authenticated by the o e is in a foreign language, a	s is/are:	tody of the certific	records cate un	s in the

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

Sam Jundi





Lansing, Michigan

This is to Certify That

V220, LLC

was validly organized on April 20, 2015 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission E63095 In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 20th day of April, 2015

Alan J. Schefke, Director

Corporations, Securities & Commercial Licensing Bureau

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the ARTICLES OF ORGANIZATION (DOMESTIC L.L.C.)

for

V220, LLC

ID NUMBER: E63095

received by facsimile transmission on April 20, 2015 is hereby endorsed.

Filed on April 20, 2015 by the Administrator.

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



Sent by Facsimile Transmission

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 20th day of April, 2015.

Alan J. Schefke, Director

Corporations, Securities & Commercial Licensing Bureau

MICHIGAN DE	PARTMENT OF LICEN	ISING AND DECL	ATODY AFFAIDO	
	ONS, SECURITIES & C			
Date Received		(FOR BUREAU USE O		
	This document is effective on the subsequent effective date within date is stated in the document.		_	
Name				
Sam Jundi Address	<u> </u>			
567 Berwyn Street				
City	State	ZIP Code		
Dearborn Heights	MI	48127	EFFECTIVE DATE:	
Document will be returned to the state of th	med to the name and address yo ent will be returned to the regist	ou enter above. tered office.		
AF	RTICLES OF ORGANIZ	ZATION		
For use by I	Domestic Limited Lial dinformation and instruction	bility Companies		
ursuant to the provisions of ARTICLE I	Act 23, Public Acts of 1993,	, the undersigned exec	utes the following Articles:	
The name of the limited liabi	ility company is: V220, LLC	}		
RTICLE II	······································			
The second second	any may be tormed under t	ne Limited Liability Con	engage in any activity within npany Act of Michigan.	and purposes ion
· · · · · · · · · · · · · · · · · · ·	any may be formed under the	ne Limited Liability Con	npany Act of Michigan.	die parposes ier
ARTICLE III		ne Limited Liability Con	npany Act of Michigan.	
IRTICLE III The duration of the limited li		ne Limited Liability Con	npany Act of Michigan.	
RTICLE III The duration of the limited II RTICLE IV	lability company if other tha	ne Limited Liability Con	npany Act of Michigan.	
RTICLE III The duration of the limited II RTICLE IV 1. The name of the resident	lability company if other that	ne Limited Liability Con n perpetual is: ce is: Sam Jundi	npany Act of Michigan.	
RTICLE III The duration of the limited II RTICLE IV 1. The name of the resident	lability company if other that t agent at the registered office to the registered of	ne Limited Liability Con n perpetual is: ce is: Sam Jundi	npany Act of Michigan.	48127
ARTICLE III The duration of the limited II ARTICLE IV 1. The name of the resident 2. The street address of the	lability company if other that t agent at the registered office to the registered of	ne Limited Liability Con n perpetual is: ce is: Sam Jundi	npany Act of Michigan.	
IRTICLE III The duration of the limited II IRTICLE IV 1. The name of the resident 2. The street address of the 567 Berwyn Street (Sireel Address)	lability company if other that t agent at the registered offi a location of the registered of De	n perpetual is: ce is: Sam Jundi office is: arborn Heights	npany Act of Michigan.	48127
ARTICLE III The duration of the limited II ARTICLE IV 1. The name of the resident 2. The street address of the	lability company if other than t agent at the registered office tocation of the registered of De the registered office if differe	n perpetual is: ce is: Sam Jundi office is: arborn Heights	npany Act of Michigan.	48127
ARTICLE III The duration of the limited ii ARTICLE IV 1. The name of the resident 2. The street address of the 567 Berwyn Street (Sireel Address) 3. The mailing address of the (P.O. Box or Street Address)	iability company if other than t agent at the registered office to location of the registered of De the registered office if differe	n perpetual is: ce is: Sam Jundi office is: arborn Heights (City) ent than above:	npany Act of Michigan. , Michigan.	48127 (Zip Code)
IRTICLE III The duration of the limited II IRTICLE IV 1. The name of the resident 2. The street address of the 567 Berwyn Street (Street Address) 3. The mailing address of the (P.O. Box or Street Address)	iability company if other than t agent at the registered office location of the registered of De ne registered office if differe intered additional provision au-	ne Limited Liability Con n perpetual is: ce is: Sam Jundi office is: arbom Heights (City) ont than above: (City)	npany Act of Michigan.	48127 (Zip Code)
ARTICLE III The duration of the limited II ARTICLE IV 1. The name of the resident 2. The street address of the 567 Berwyn Street (Sireel Address) 3. The mailing address of the (P.O. Box or Street Address) ARTICLE V (Insert any design of the street and design of the street address)	iability company if other than t agent at the registered office location of the registered of De ne registered office if differe intered additional provision au-	ne Limited Liability Con n perpetual is: ce is: Sam Jundi office is: arbom Heights (City) ont than above: (City)	npany Act of Michigan. , Michigan.	48127 (Zip Code)
ARTICLE III The duration of the limited li ARTICLE IV 1. The name of the resident 2. The street address of the 567 Berwyn Street (Street Address) 3. The mailing address of the (P.O. Box or Street Address) ARTICLE V (Insert any des) See attached Addendure	iability company if other than t agent at the registered office t location of the registered of the registered office if difference the registered of the re	n perpetual is: ce is: Sam Jundi office is: arborn Heights (City) ent than above: (City) thorized by the Act; att	, Michigan. , Michigan. , Michigan.	48127 (Zip Code)
ARTICLE III The duration of the limited II ARTICLE IV 1. The name of the resident 2. The street address of the 567 Berwyn Street (Sireel Address) 3. The mailing address of the (P.O. Box or Street Address) ARTICLE V (Insert any design of the street and design of the street address)	iability company if other than t agent at the registered office t location of the registered of the registered office if difference the registered of the re	ne Limited Liability Con n perpetual is: ce is: Sam Jundi office is: arbom Heights (City) ont than above: (City)	npany Act of Michigan. , Michigan.	48127 (Zip Code)
The duration of the limited in ARTICLE IV 1. The name of the resident 2. The street address of the 567 Berwyn Street (Sireel Address) 3. The mailing address of the (P.O. Box or Street Address) ARTICLE V (Insert any des See attached Addendurent By	iability company if other that t agent at the registered office is location of the registered of the r	n perpetual is: ce is: Sam Jundi office is: arborn Heights (City) ent than above: (City) thorized by the Act; att	, Michigan. , Michigan. , Michigan.	48127 (Zip Code)

ADDENDUM TO ARTICLES OF ORGANIZATION

ARTICLE V

This limited liability company will be managed by one or more managers.

ARTICLE VI

No Manager of this Company shall be personally liable to the Company or its Members (or other Members) for money damages for any action taken, or any failure to take any action, as a Manager; provided, however, that the foregoing shall not eliminate or limit the liability of a Manager for any of the following:

- (a) The receipt of a financial benefit received by the Manager to which he or she is not entitled;
- (b) An intentional infliction of harm on the Company or the Members or other Members;
- (c) Any violation of Section 308 of the Michigan Limited Liability Company Act; or
 - (d) An intentional criminal act or knowing violation of the law; or
 - (e) Any act or omission occurring before the effective date of this provising

Any Manager of the Company shall be entitled to indemnification to the full extent permitted under the Michigan Limited Liability Company Act, as may be amended from time to time.

ARTICLE VII

The organizer of the Company shall not be a member of the Company unless he or she expressly agrees to become a member. The organizer shall not be liable or responsible for any of the Company's debts or obligations, and the organizer shall not have any liability to the Company or its members for any action taken or failure to take any action as an organizer of the Company.

SECRETARY OF STATE
DIVISION OF CORPORATION

15 JULy - 2 AM 8:1.1