Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

LIMITED LIABILITY CO

vicricar, I.l.c.

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ARTICLES OF ORGANIZATION

ARTICLE I

The name of the Limited Liability Company is: Vicricar, L.L.C.

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
5440 S.W. 59 th Avenue	5 5440 S.W. 59th Avenue	
Miami, FL 33155	Miami_FL_33155	
	ARTICLE III	
The name and the Florida street a	address of the registered agent	
FRA	NCIS X SUAREZ	
	Name	
	villa Avenue, Suite 210 · · ·	
Florid	ida Street Address	
Con	ral Gables, FL 33134	
	y, State and Zip	
stated limited liability company at the place appointment as registered agent and agree	l agent and to accept service of process for the above ace designated in this certificate, I hereby accept the ee to sot in this capacity. I further agree to comply with he proper and complete performance of my duties, and I	1
	ons of my position as registered agent as provided for in	en receive
chapter 60	S A	kernen F. Jan
Registr	tered Agent's Signature	
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ARTICLE IV

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address	<u>u</u> .
Managing Member	Teresa Lago	
	,	
		,
	, .	
	ARTICLE V	
Pursuant to Florida Statute § company. REQUIRED SIGNATURE:	608.422, Vicricar, L.L.C. shall be a	manager managed
Simulative of Manha	or Authorized Representative of a	Mambari
Signature of Meniner	U	ES S
Time	d or printed name of signee	
* yp*	a or brusen name or action	· # 5 m
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