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TO:	Registration Division of	n Section Corporations		SEC SEC
SUBJI	ECT: <u>V Sim</u> r	ole, LLC		
		Name of Li	mited Liability Company	(=)
		s of Organization and fee(s) a	_	2 2 2
	<u>Victor M</u>	anuel Tarin	Name of Person	
	V Simple	e, LLC	Firm/Company	
	2100 W	76 Street, #203	Address	
	<u>Hialeah</u>	, FL 33016	City/State and Zip Code	
_Yr	ntarin@gmail	.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther informatic	on concerning this matter, ple	ase call:	
<u>Victor</u>	Manuel Tarir	at (_	305) 510-2782 Area Code Daytime To	lephone Number
	Nai	ile of reison	Area Coue Daytime re.	repriorie (varioe)
Enclos	ed is a check fo	or the following amount:		
\$125.0	0 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)
	Ma	iling Address	Street/Courier Addi	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
V Simple, LLC.			
(Must end with the words "I	Limited Liability Co	mpany, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the L	imited Liability C	Company is:
Principal Office Address:	Mailing A	Address:	
2100 W 76 Street, #203 Hialeah, FL 33016			
ARTICLE III - Registered Agent, Registered C The Limited Liability Company cannot serve as inother business entity with an active Florida reg	its own Registered A		
The name and the Florida street address of the reg	gistered agent are:		
Victor Manuel Tarin			
	Name		
2100 W 76 Street, #20 Florida street address (P.		table)	
Hialeah	FL 330		
City		Zip	
V (y accept the appoint visions of all statutes	nent as registered relating to the pr y position as regi.	l agent and agree to act in this oper and complete performance
P:	age 1 of 2		ial.

<u>Title:</u> "AMBR" = Authorized N	Name and Address:
"MGR" = Manager	
MGR	Victor Manuel Tarin
	2100 W 76 Street, #203
	Hialeah, FL 33016
	·
-	
(Use attachment if necess	
CLE V: Effective date, if oth	
CLE V: Effective date, if other	er than the date of filing: (OPTIONAL) Ite must be specific and cannot be more than five business days prior to or any.
CLE V: Effective date, if other fective date is listed, the detection of filling.)	er than the date of filing:
CLE V: Effective date, if other fective date is listed, the detection of filling.)	er than the date of filing: (OPTIONAL) Ite must be specific and cannot be more than five business days prior to or any.
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CLE V: Effective date, if other fective date is listed, the dee of filing.) CLE VI: Other provisions, if REQUIRED SIGNATU Sig (In accordance constitutes an all am aware that	er than the date of filing:

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)

Page 2 of 2