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2/14/2014

L14000027195

FAX NO
Division of Corporations

002006

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
VAVIC EQUIPMENT, LLC

Certificate of Status	0
Certified Copy	1
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T. Duran FEB 17 2014

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P:001/006



February 17, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: VAVIC EQUIPMENT, LLC
REF: W14000009884

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H14000037233
Letter Number: 514A00003477

RECEIVED
14 FEB 17 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company is:

VAVIC EQUIPMENT, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE II

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

**Principal Office Address:
3603 NW 194th TERRRACE
MIAMI GARDENS, FL 33056**

**Mailing Address
3603 NW 194th TERRACE
MIAMI GARDENS, FL 33056**

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:

R&P ACCOUNTING & TAXES INC

Name

200 SE 1ST STREET SUITE 604

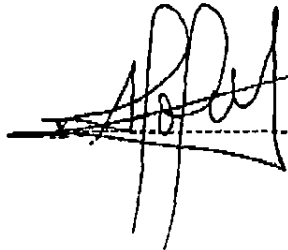
Florida Street address (P.O. Box NOT acceptable)

MIAMI, FL. 33131

FL City, State, and Zip

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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)

ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each Person authorized to manage and control the Limited Liability Company:

Title:

VAVIC EQUIPMENT, LLC

**ALAIN E. OLIVO MORON
3603 NW 194th TERRACE
MIAMI GARDENS, FL 33056**

MANAGER MEMBER

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TALLAHASSEE, FLORIDA

ARTICLE V

*Effective date, if other than the date of filing (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.)*

REQUIRED: SIGNATURE

X
Signature of a member or an authorized representative of a member.

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TALLAHASSEE, FLORIDA

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(In accordance with section ^{u) (b)} 605 - 0165 Florida Statutes, the execution of this document
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ALAN E. OLIVO MORON

Typed or printed name of signer