04/15/2016 14:49 Occasion of Corporations

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Mote: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Fax Number

: (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. VVO INTERNATIONAL HOLDCO, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VVO INTERNATIONAL HOLDCO, LLC

(Must end with 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:

 6262 SUNSET DRIVE
 6262 SUNSET DRIVE

 MIAMI, FL 33143
 MIAMI, FL 33143

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:

Corporate Creations Network Inc.

Name

11380 Prosperity Farms Road #221E

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

State

Palm Beach Gardens, FL

33410 Zip

City

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 obligation of my position as registered agent as provided for in Chapter 605, F.S..

Timothy Pratts, Special Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY DE CARE

	Title: "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager	
	MGR	JEANETTE E, MARBERT
		6262 SUNSET DRIVE
		MIAMI, FL 33143
	MGR	WILLIAM L. HARVEY
		6262 SUNSET DRIVE
		MIAMI, FL 33143
	MGR	JOHN A. GALEA
		6262 SUNSET DRIVE
		MIAMI, FL 33143
		
	(Use attachment if necessary)	
an el date <u>ete:</u>	e of filing.)	specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed as
doc	·	

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 8.817.155, F.S.

Corporate Creations International Inc. by Tim Pratts, Special Secretary 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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