L19000221550

Florida Department of State

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.

(((H19000270828 3)))

H19000270828 3ABC4

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

19 SEP 10 PM 1:43

SECRETARY OF STATE
DIVISION OF CORPORATIONS

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

C RICO

SEP 10 2019

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.

VAS STORAGE, LLC

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

2019 SEP 10 PM 12:27

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF ORGANIZATION

OF:

VAS STORAGE, LLC

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute entitled the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

ARTICLE I - NAME

The name of the limited liability company shall be:

VAS STORAGE, LLC

ARTICLE II -BUSINESS ADDRESS

8932 SW 129th Terr
Miami, FL 33176

ARTICLE III – MAILING ADDRESS

8932 SW 129th Terr
Miami, FL 33176

ARTICLE IV – REGISTERED AGENT

Yes Bookkeeping & Taxes, Inc
2744 SW 87th Ave
Miami, FL 33165

FILED
19 SEP 10 PM 1:43
FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS

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.

Caesar A Costero
Registered Agent

ARTICLE V - MANAGEMENT

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

Alvaro Rodriguez
8932 SW 129th Terr
Miami, FL 33176

Alvaro Rodriguez
Manager/ Member

Victor M. Gomez III
8932 SW 129th Terr
Miami, FL 33176
Manager/Member

Suneal Nandigam
8932 SW 129th Terr
Miami, FL 33176
Manager/ Member

In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the Fact State herein are true.

STATE OF FLORIDA
COUNTY OF DADE
I HEREBY CERTIFY, THAT ON THIS 3rd DAY OF September 2019 personally appeared before me, an authorized officer duly commissioned to administer oaths and take acknowledgments;
Alvaro Rodriguez

The person who executed the foregoing Articles of Organization, and acknowledged that they signed and executed the same for the uses and purposes there in stated.
IN WITNESS WHEREOF, I have hereunto set my hand and official seal in Miami Dade County, Florida.
The day and year above written.
Produced Florida Drivers License

Notary Public State of Florida
Rosendo Suarez
My Commission GG 110653
Expires 07/15/2021

NOTARY PUBLIC