

4/30/2020 L200000116577

Division of Corporations

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : ROSILLO & ASSOCIATES, P.A.  
Account Number : I19990000127  
Phone : (305)477-5671  
Fax Number : (305)477-2640

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

Email Address: DSantos@RosilloCPA.com

2020 MAY -1 PH 3:52

FLORIDA LIMITED LIABILITY CO.  
VIDA BROS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Handwritten signature and date: 5/1/2020*

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

**ARTICLE I - NAME**

The name of the Limited Liability Company is **VIDA BROS, LLC**

**ARTICLE II - ADDRESS**

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

**244 Biscayne Blvd. Apt. N4704  
Miami, FL 33132**

**ARTICLE III - STATEMENT OF PURPOSE**

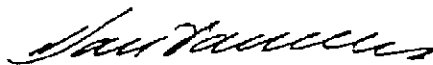
The purpose of the Limited Liability Company is to engage in any lawful activity for which the Limited Liability Company may be organized in this state.

**ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

**Daniel Iribarren  
244 Biscayne Blvd. Apt. N4704  
Miami, FL 33132**

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.



**Daniel Iribarren**

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**ARTICLE V - MANAGEMENT**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Name and Address:**

-AMBR – Authorized Member

**Daniel Iribarren  
244 Biscayne Blvd. Apt. N4704  
Miami, FL 33132**


-AMBR – Authorized Member

**Maria Victoria Iribarren.  
3500 Mystic Pointe. Apt.1902  
Aventura, FL 33180**



Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of the State constitutes a third degree felony as provided for in s.817.155, F.S.)



**Daniel Iribarren**

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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