# L22000021884

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SECRETARY OF STATE TALLAHASSEE, FL



## CORPORATE ACCESS, \_\_\_

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INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2022 JAN 20 PM 12: 41

SECRETARY OF STATE TAI LAHASSEE, FL

Brickell Bay 2 (Mu:	st contain the words "Limited Liab	lity Company, "L.L.C.," or "LLC.")	
ICLE II - Address: nailing address and s	treet address of the principal office	of the Limited Liability Company is	:
P	rincipal Office Address:	Mailing A	ddress:
	Augusta	40 Wall street, 35th floor	
1221 Brickell	A VCRUC		
Limited Liability Co er business entity w	ed Agent, Registered Office, & R mpany cannot serve as its own Reg ith an active Florida registration.) street address of the registered age	gtered Agent. You must designate a	n individual or
Miami, FL. 33  CLE III - Register  cimited Liability Co  er business entity w	ed Agent, Registered Office, & R mpany cannot serve as its own Registration.)	egistered Agent's Signature: istered Agent. You must designate au nt are:	n individual o
Miami, FL. 33  ICLE III - Register Limited Liability Co er business entity w	ed Agent, Registered Office, & R mpany cannot serve as its own Reg ith an active Florida registration.) street address of the registered age Registered Agent Solutio Na 155 Office Plaza Dr. Suit	egistered Agent's Signature: stered Agent. You must designate as nt are: ns, Inc. me	n individual or
Miami, FL. 33  ICLE III - Register Limited Liability Co er business entity w	ed Agent, Registered Office, & R mpany cannot serve as its own Reg ith an active Florida registration.) street address of the registered age Registered Agent Solutio	egistered Agent's Signature: stered Agent. You must designate as nt are: ns, Inc. me	n individual or
Miami, FL. 33  ICLE III - Register Limited Liability Co er business entity w	ed Agent, Registered Office, & R mpany cannot serve as its own Reg ith an active Florida registration.) street address of the registered age Registered Agent Solutio Na 155 Office Plaza Dr. Suit	egistered Agent's Signature: stered Agent. You must designate as nt are: ns, Inc. me	individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

	VFS VENTURES 2002 PTC LLC AS TRUSTEE OF THE VFS VENTURES 2002 TRUST 1221 Brickell Avenue Miami, FL. 33131
.MGR	Leonardo Zepeda 1221 Brickell Avenue Miami, FL. 33131
	SECRETARY OF STAT
(Use attachment if necessary)	PH 12: 41  Y OF STATE  SSEE, FL
(If an effective date is listed, the date must the date of filing.)	the date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 days after  s not meet the applicable statutory filing requirements, this date will not be listed as truent of State's records.
ARTICLE VI: Other provisions, if any.	

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

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 s.817.155, F.S.

Robert A. Solomon, as Vice President of Arbor Trustee Services Inc., Manager, VIS MENTORIS JOOL PIC UL
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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)