

# L210004184953343

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

From: Account Name : R&P ACCOUNTING AND TAXES INC  
Account Number : I20170000090  
Phone : (305)358-1310  
Fax Number : (305)503-6701

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

Email Address: arod8723@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
V&M DISTRIBUTION USA LLC**

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

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

**V&M DISTRIBUTION USA LLC**

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

**ARTICLE II**

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

**Principal Office Address**

**340 MEDEIRA AVE APT # 8  
CORAL GABLES, FL 33134**

**Mailing Address**

**340 MEDEIRA AVE APT # 8  
CORAL GABLES, FL 33134**

**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

**150 SE 2<sup>ND</sup> AVENUE SUITE # 404**

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

**MIAMI, FL 33131**

*FL City, State, and Zip*

*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*

X

***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:***

**ALI RAMON VERGARA  
340 MADEIRA AVE APT#8  
CORAL GABLES, FL 33134**

**AUTHORIZED MEMBER 50%**

**VERUSKA MARELVIS MORALES ACOSTA  
340 MADEIRA AVE APT#8  
CORAL GABLES, FL 33134**

**AUTHORIZED MEMBER 50%**

**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.**  
**ALI RAMON VERGARA / VERUSKA MARELVIS MORALES ACOSTA**

***(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.)***

## **ARTICLE VI**

*The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

*The main objective of the company is:*

**IMPORT & EXPORT& DISTRIBUTION OF GENERAL MERCHNDISE**