Division of Corporations

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# 0200002722

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : ARIE MREJEN, P.A.

Account Number : 072100000432 : (954)747-9780 Fax Number : (954)771-3047

### LIMITED LIABILITY COMPANY

VASE, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

VASE, L.L.C.

#### ARTICLE II - Address:

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

c/o Arnold Rosenfeld, 3180 N 36th St., Hollywood, FL 33021

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

ARIE MREJEN, P.A.

Name

701 W. Cypress Creek Rd., Ste 302

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

Fort Lauderdale, FL 33309

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 compact the obligations of my position a. \text{\text{\text{c}} is compacted for in Chapter 608, F.S.}

mature

(An additional article mu

n effective date is requested)

Signature of a member

representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

#### ARIE MREJEN, ESQUIRE

Typed or printed name of signee

#### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)