

L03000016026

Florida Department of State
Division of Corporations
Public Access System

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.

(((H03000186023 5)))

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

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

DIVISION OF CORPORATION

03 MAY -5 AM 11:44

RECEIVED

LIMITED LIABILITY COMPANY

vome llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAY -5 PM 12:17

FILED

5/5

(3).

H03000186023

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

VOME LLC

ARTICLE I

The name of the Limited Liability Company shall be: **VOME LLC**

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 2610 S.W. 5TH AVENUE, MIAMI, FL 33129.

ARTICLE IV

The name and the Florida street address of the registered agent are:
OSCAR FREJO, 2610 S.W. 5TH AVENUE, MIAMI, FL 33129.

APPROVED
FILED
03 MAY -5 PM 12:17
CLERK OF THE COURT
ALLAHABAD, FLORIDA

H03000186023

H03000186023

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE**

VOME LLC

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.



Registered Agent OSCAR FREIJO



Signature of a member or an authorized 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.)



Typed or printed name of signee

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 MAY -5 PM 12:17

APPROVED
AND
FILED

H03000186023