

L04000059462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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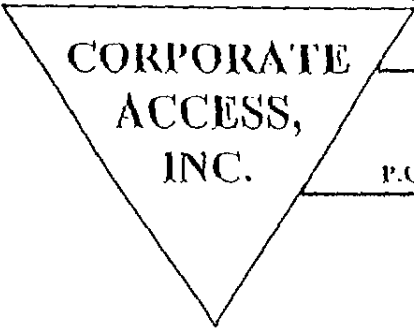
300038749293

08/11/04--01008--019 **155.00

04 AUG 11 AM 10:40
DIVISION OF CORPORATION

04 AUG 11 PM 12:15
TALLAHASSEE STATE
FLORIDA

BT



FILED
04 AUG 11 PM 12:15
TALLAHASSEE FLORIDA

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP

8/11/10

☒ CERTIFIED COPY

CUS

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☒ FILING LLC

1.) Virtuous Art, LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

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

04 AUG 11 PM 12:15
FALLA RIA SECRET STATE
FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

VIRTUOUS ART, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8541 SW 89 COURT

8541 SW 89 COURT

MIAMI, FL 33173

MIAMI, FL 33173

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

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

TRESCOTT DRUCKER VASALLO PL

Name

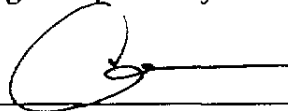
2605 PONCE DE LEON BOULEVARD

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

CORAL GABLES FLORIDA 33134

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 608, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

ISSIAGA SOUMAH

8541 SW 89 COURT

MIAMI, FL 33173

MGRM

JACQUELINE COLON

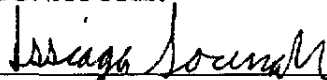
8541 SW 89 COURT

MIAMI, FL 33173

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

ISSIAGA SOUMAH
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)