

L05000085638

Division of Corporations

<http://efile.sunbiz.org/scripts/efilcovr.exe>

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.

((H05000206143 3)))

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 : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

RECEIVED
05 AUG 29 PM 1:21
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

CENTRUST VLP HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

2005 AUG 29 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Name Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Unacknowledgement	DCC
Unacknowledgement Verifier	DCC

Electronic Filing Menu

Corporate Filing

Public Access Help

H05000206143 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
CENTRUST VLP HOLDINGS, LLC

ARTICLE II - Address:

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

Principal Office Address:

4011 WEST FLAGLER STREET
SUITE 404
MIAMI, FL 33134

Mailing Address:

4011 WEST FLAGLER STREET
SUITE 404
MIAMI, FL 33134

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

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

HERIBERTO VELASCO

Name

4011 WEST FLAGLER STREET SUITE 404

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

MIAMI

FL 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, F.S.


Registered Agent's Signature

(CONTINUED)

Page 1 of 2

H05000206143 3

2005 AUG 29 A 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H05000206243 3

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:

MGR

HERIBERTO & AGUEDA VELASCO FAMILY
LIMITED LIABILITY LIMITED PARTNERSHIP

(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.)

HERIBERTO VELASCO

Typed or printed name of signer

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)

H05000206143 3

2005 AUG 29 A 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED