

LOS0000085670

Florida Department of State

Division of Corporations

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Electronic Filing Cover Sheet

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To:

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

From:

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

RECEIVED
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

CENTRUST VLP, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
CENTRUST VLP, 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 in 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)

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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 608.404(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)

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