Public Access System Electronic Filing Cover Sheet

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(((H060000110273)))

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To:

Division of Corporations

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From:

Account Name

: AKERMAN SENTERFITT - TAMPA

Account Number : I20000000249 Phone

(813) 223-7333

Fax Number

: (813)223-2837

품	RIDA/FOREIGN LIMITED LIABILITY CO. VASO Hialeah Warehouses, LLC		
JIVISIUM (Certificate of Status	1	
===	Certified Copy	1	
	Page Count	03	
	Estimated Charge	\$160.00	

Electronic Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compar	ny is:	
VASO Hialeah Warehouses, LLC (Must end with the words "Limited Liability Company,"	'Limited Company'' or their abbreviation "LI	
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited	Liabiliry Company is:
Principal Office Address:	Mailing Address:	
568 West 184th Street New York, NY 10033	568 West 184th Street New York, NY 10033	
401 E. Jackson Stru Florida sire Tampa	Registered Agent. You must designate an income the registered agent are: 1 Services, Inc. Name 1 Suite 1700 1 address (P.O. Box NOT acceptable) 1 Services Agent Agent are:	2006 JAN 13 AM 10: 39 SECONOMINATION OF STAIL ANSSEE, FLORIDA
City, S	tate, and Zip	
Having been named as registered agent an	d to accept service of process for th	he above stated limited

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 (REQUIRED)

liability company at the place designated in this certificate, I hereby accept the appointment as

(CONTINUED)
Page 1 of 2

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

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGR	Lydia Savidis	
	568 West 184th Street	
	New York, NY 10033	
(Use attachment if necessary)	7	
ARTICLE V: Effective date, if other than the		
(If an effective date is listed, the date must b to or 90 days after the date of filing.)	be specific and cannot be more than five busines, days prio	r
	SSE 3	124 7
REQUIRED SIGNATURE:	E. P	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /
Im-	AM IO: 39 OF STATE FLORIDA	ر به د
Signature of a member	er or an authorized representative of a member.	
(In accordance with se of this document consi that the facts stated I	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)	
<u>Harry P. Teichma</u>	n yped or printed name of signed	
1,	Abon or burned name or affiner	
Filing Fees:		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)

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