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(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Co						
SUBJ	ECT: BRUC	E VEE, L.L.C.					
		(Name of Limite	d Liability Compa	ny)			
The en	iclosed Articles o	f Organization and fee(s) are s	ubmitted for filing	. .			
Please	return all corresp	ondence concerning this matte	er to the following	:			
	BRUCE C.	VARGAS					
		(Name of Person)				
			Firm/Company)			- IAI	06
	5561 SOL	THWEST 90TH A	VENUE			Z CAR	APR
			(Address)		11 = = 1 · · · · · · · · · · · · · · · ·	- 65▽ 舌×	28
	COOPER	CITY, FL 33328					AH II:
			/State and Zip Code)	·	- <u>3</u> 2	≘
* ~ a						₹m	ထ
For tur	ther information	concerning this matter, please	call:				
BRU	CE C. VARO	SAS	at (_954)	817-742	Delephone Number)		
	(Name	of Person)	(Area Code	& Daytime Te	lephone Number)		
Enclos	sed is a check for	r the following amount:					
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy is	,	S160.00 Filis Certificate of St Certified Copy (additional copy is	tatus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Budget 2661 Execution 2661 Execution Execution Registration Reg	of Corporation	os		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	ים זי	r N	0.000
A K 1 1 (I.H.	I - I	ame

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Compa	any, "Limited Company" or their abbreviation "LLC," or "L.C	SECH
ARTICLE II - Address:		· 左前 :
The mailing address and street address	of the principal office of the Limited Liability	
Principal Office Address:	Mailing Address:	CF ST/
5561 SOUTHWEST 90TH AVENUE	5561 SOUTHWEST 90TH AVENUE	
COOPER CITY, FL 33328	COOPER CITY, FL 33328	

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

BRUCE C. VARGA	s
	Name
5561 SOUTHWE	ST 90TH AVENUE
Florie	la street address (P.O. Box NOT acceptable
COOPER CITY	FL 33328
(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 18.

Registered Agent of Sprature (REQUIRED)

(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:

11 11 11 11 11 11 11 11 11 11 11 11 11	Name and Address:	
"MGR" = Ma: "MGRM" = M	nager ⁄Ianaging Member	
MGRM	BRUCE C. VARGAS	
**************************************	5561 SOUTHWEST 90TH AVENUE	
	COOPER CITY, FL 33328	
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(Use attachme	ent if necessary)	90
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CLE V: Effecti effective date is 90 days after the	ive date, if other than the date of filing: s listed, the date must be specific and cannot be more than five be e date of filing.) SIGNATURE:	(OPTIONAL) usiness days pri
CLE V: Effecti effective date is 00 days after the	Signature of a member of 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.	(OPTIONAL) usiness days pri

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)