

**LD6000072092**

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

*Varona*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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VISION OF CORPORATION

**FLORIDA/FOREIGN LIMITED LIABILITY CO.****IAR, LLC**

Certificate of Status	0
Certified Copy	1
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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:

IAR, LLC

ARTICLE II – Address:

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

465 Grand Bay Dr.  
No. 409  
Miami, FL 33149

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

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

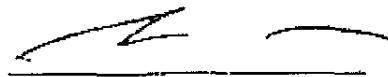
Sergio de Varona, CPA  
Name  
304 Palermo Ave  
Florida Street Address  
Coral Gables, FL 33134  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 herby 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 in Chapter 608, F.S.

  
\_\_\_\_\_  
Registered Agent's Signature

ARTICLE IV – Management (Check if applicable)

X The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

(An additional article must be added if an effective date is requested)



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)

Julia I. Chaljup Alvarez

Typed or printed name of signer

MANAGING MEMBERS

Julia I. Chaljup Alvarez

ADDRESS

465 Grand Bay Dr.  
No. 409  
Miami, FL 33149

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