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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VICTOR REAL-ESTATE INVESTMENTS & TAX SERVICES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRENE VICTOR, REGISTERED AGENT

(Name of Person)

(Firm/Company)

3591 N. ANDREWS AVENUE, SUITE C

(Address)

OAKLAND PARK, FLORIDA 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

IRENE VICTOR at (954) 566-0775

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

VICTOR REAL-ESTATE INVESTMENTS & TAX SERVICES, LLC

ARTICLE II - Address:

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

Principal Office Address:

3591 N. ANDREWS AVENUE, SUITE C

OAKLAND PARK, FLORIDA 33309

Mailing Address:

5272 N.W. 113th AVENUE

CORAL SPRINGS, FLORIDA 33076

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

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

IRENE VICTOR

Name

5272 N.W. 113th AVENUE

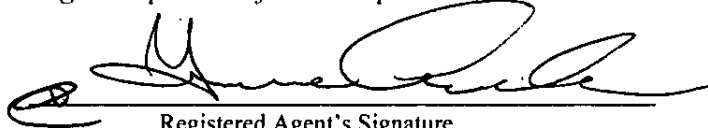
Florida street address (P.O. Box **NOT** acceptable)

CORAL SPRINGS FLORIDA 33076

City, State, and Zip

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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 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, Florida Statutes..



Registered Agent's Signature

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

"MGRM" = Managing Member

CORAL SPRINGS, FLORIDA 33076

MGRM

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TALLAHASSEE FLORIDA

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(Use attachment if necessary)

REQUIRED SIGNATURE:

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.)

IRENE VICTOR

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)