

Florida Department of State Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000141476 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : 120000000146

Phone : (305) 444-4994

Fax Number

: (305)444-4977

FLORIDA/FOREIGN LIMITED LIABILITY CO.

VIDA TECHNOLOGY DISTRIBUTORS, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

JUN - 1 2008

Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

5/30/2008

202444622

ECE2

May 30 2008 3:33

(((H08000141476)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VIDA TECHNOLOGY DISTRIBUTORS, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:		
10100 NW 106 WAY	10100 NW 106 WAY		
SUITE: 14	SUITE: 14		
MEDLEY, FL 33178	MEDLEY, FL 33178		
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its over business entity with an active Florida registration.)		lividual or abother	三
The name and the Florida street address of	of the registered agent are:	TARY ASSE	30
EUMELIA CAST	ΓRO	т П] <u>}</u>
-	Name	STATE	ë
10100 NW 106	WAY, SUITE: 14	<u>ರ</u> ್ಷ	ည (၁
Florida st	reet address (P.O. Box NOT acceptable)		• –
MEDLEY	_{FL} 33178		
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 608, F.S.

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and	Address:		
MGRM	EUMELIA CA	STRO		
	10100 NW 1			
	MEDLEY	FL	33178	<u> </u>
				
	·			
	'		1	
				
(Use attachment if necessary)				
CLE V: Effective date, if other than	n the date of filing:		. (C	OPTIONAL)
effective date is listed, the date mu 90 days after the date of filing.)	ist be specific and ca	ınnot be m		
o mays after the date of ming.)				20 5A
•	,			<u> ≯</u>
REQUIRED SIGNAT	ruric: /			- A
(D)	Ampage	Ω_{\perp}		Y 30
D. Signi	Tracas			
Signs (In second the	Ampage	.402(3), Flori affirmation w		

Page 2 of 2