Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019
Phone: (305)552-5973

Phone : (305)552-5973 Fax Number : (305)220-3440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

VANE EARTH, LLC

RECEIVED

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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Oct. 21 2899 09 0CT 21 AM 8: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company	is:
VANE EARTH	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
C/ONATURA-NY	SANE
433 Plaza Real #371	_
Bixia Raton, FC 33432	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of t	he registered agent are:
Vanassa A	ontonietts Reyes
	•
433 Plaza	Real #331
Florida stree	t address (P.O. Box NOT acceptable)
Bras Reton,	FL 33432
City, St	ate, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

H09000225257

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	•	
N.G. P.M	Vanessa Antonietta La 433 Mara Real # 331 Baro Roton, Re 33432	Byos	
MAR			
		•	
		• •	
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must I to or 90 days after the date of filing.)	e date of filing: (OPTIC be specific and cannot be more than five business		
REQUIRED SIGNATURE:		DCT 21 A	T T
Signature of a memb	er or an authorized representative of a member.	AM 8: 01 Of State E. Florid	Ö
(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.)		TE A	
	SWTOWIETTA LEYES yped or printed name of signee		

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)

Page 2 of 2

H09000225257