

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
VERTESE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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J. BRYAN

OCT 26 2010

EXAMINER

10/25/2010

H10000233092

This Instrument Prepared By:

JOHN P. MAAS, ESQUIRE  
44 NE 16<sup>th</sup> Street  
Homestead, Florida 33030  
305-247-7132  
Florida Bar No. 435910

**ARTICLES OF ORGANIZATION**  
**OF**  
**VERTESE, LLC**

**ARTICLE I:**

The name of this limited liability company shall be: VERTESE, LLC, a Florida limited liability company.

**ARTICLE II:**

The mailing address and street address of the principal office of the limited liability company shall be as follows:

16521 SW 277 ST.  
HOMESTEAD, FL 33031

**ARTICLE III:**

The name of the registered agent for VERTESE, LLC, is as follows:

VERONICA KHAWLY  
16521 SW 277 ST.  
HOMESTEAD, FL 33031

**ARTICLE IV:**

This limited liability company shall be a member-managed company and shall be managed by *ONE* member manager.

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**ARTICLE V:**

The initial members of VERTESE, LLC, shall be:

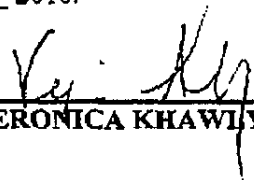
VERONICA KHAWLY as to a 100% interest  
16521 SW 277 ST.  
HOMESTEAD, FL 33031

**ARTICLE VI:**

The initial managing members shall be:

VERONICA KHAWLY (MGRM)  
16521 SW 277 ST.  
HOMESTEAD, FL 33031

DATED this 25<sup>th</sup> day of October 2010.

  
\_\_\_\_\_  
VERONICA KHAWLY, Managing Member


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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE  
OF  
VERTESE, LLC**

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF ORGANIZATION, 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.

DATED this 25<sup>th</sup> day of October 2010.

  
VERONICA KHAWLY  
Registered Agent  
16521 SW 277 ST.  
HOMESTEAD, FL 33031

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