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.

(((H11000160631 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

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. VITH 1717, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	0.3
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

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

H11000160031

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

VITH 1717, LLC.

ARTICLE I

The name of the Limited Liability Company shall Be:VITH 1717, LLC.

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal and mailing office of the

Limited Liability Company:

100 S. BIRCH ROAD 2701 A FT. LAUDERDALE, FL 33316

ARTICLE IV

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

GUY D. SPERDUTO 8963 STIRLING ROAD COOPER CITY, FL 33328

FILED

11 JUN 16 AM 8: 07

SECRETARY OF STATE

H11000160631

H11000160431

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

VITH 1717, LLC.

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company 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.

Registered Agent

Signature of a member or an authorized representative of a member.

FILED 11 JUN 16 AM 8: 07 SECRETARSEE, FLORID

(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.)

GUY D. SPERDUTO

Typed or printed name of signee

411000160631