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.

(((H120002664873)))



H120002664873ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. 1	Doing so
will generate another cover sheet.	•

т		
_	u	•

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICEL INC.

: (305)552-5973

Phone

Fax Number

: (305)220-1440

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

Cmail Address:			
	n-il	244	

FLORIDA LIMITED LIABILITY CO. VC INTERNATIONAL GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

H12000266487

ARTICLES OF ORGANIZATIO	Y FOR FL	ORIDA I	IMITED	LIABILI	ry co	MPA	NY
ARTICLE I - Name: The name of the Limited Liability C	ompany is:						
VC INTERN (Must end with the words			GROU	<u> </u>	<u>C</u>		٠.
ARTICLE II - Address: The mailing address and street addr	ess of the pr	incipal offi	ce of the L	imit e d Lial	bility Co	mpan	y is:
Principal Office Address:		Mailing	Address:				
CUTLET BAY FL	<u>20r</u> T <u>331</u> 57	<u> 19</u> .	248 S utler	W 80 BAY	10+ 381	- 5 7	
ARTICLE III - Registered Agent, (The Umited Liability Company cannot serve a business entity with an active Florida registrat	is its own Regist	Office, & cred Agent. Y	Registered ou must design	l Agent's ! ate an individe	Signatu: ual or anoti	re: her	
The name and the Florida street add	ress of the r	egistered a	gent are:				
Jorg							
•	_			_			
	8 SW						
~	orida street add		• -	ptable)	•		
	City, State /a	nd Zip	5107				
Having been named as registered a liability company at the place de	signated in t	his certifica	ate, Î ĥereby	accept the	appoint	tment d	25
registered agent and agree to act in statutes relating to the proper and accept the obligations of my pos	complete pe	rformance	of my duties	s, and I am	familiar	with a	and
	1 / 10						
Registered	Agont's Signat	ure (REQUII	RED)		SECRE ALLAH	12 NOV	H
					IART Massi	-7	
	(CONTIN Page 1 of				OF ST	AM CI:	
H 1	2000	2661	C 7			26	

H12000286467

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) If an effective date is listed, the date must be specific and cannot be more than five business days prior o or 90 days after the date of filing.) **REOURED 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.) Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)