Florida Department of State.

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

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I2000000019 : (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.

Email	ddress:

FLORIDA LIMITED LIABILITY CO. THE VAULT LOUNGE MIAMI LLC

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

C. LEWIS - NOV 1 4 2012

EXAMINER Help

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Corporate Filing Menu

09/24/2030 02:49

FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS

2012 NOV 13 AM 8: 32

RTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPAI
ARTICLE I - Name: The name of the Limited Liability Compan	y is:
THE VAULT LOUNG (Must end with the words "Limited	GE Minmi LLC Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
135 N.E 1 ST MIAM, FL 33/32	135 N.E 15T MIAMI, FL 33132
MIAM, FL 33/32	MIAMI, FC 33132
	<u> </u>
HEIROL	TAMAYO
•	I IONIEM
135 N.E	157
	cet address (P.O. Box <u>NOT</u> acceptable)
City, S	UI FL 33/32 State, and Zip
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and compl	nd to accept service of process for the above stated limed in this certificate, I hereby accept the appointment appacity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with a
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and compl	State, and Zip State, and Zip Ind to accept service of process for the above stated limed in this certificate, I hereby accept the appointment appacity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with a sergistered agent as provided for in Chapter 608, F.S.
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comple accept the obligations of my position as	nd to accept service of process for the above stated limed in this certificate, I hereby accept the appointment a spacity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with a

(CONTINUED) Page 1 of 2

H12000269161

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

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

2012 NOV 13 AM 8: 33

<u>[itle:</u> 'MGR" - Manager	Name and Address:
MGRM" - Managing Member	•
MGRM	HEIROC TAMAYO
	135 N.E. 15T
	MIAMI, R. 5313°C
MGRA	RICARDO L. Arenas
	135 N.E 15T
	MIAMI 12 33132
MGRM	MELUIN RIVERA
	135 N.E 1ST
,	MIAMI FE 33132
•	
Use attachment if necessary)	•
EV: Effective date, if other than the	
	be specific and cannot be more than five business
days after the date of filing.)	
REQUIRED 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.)

Typed or printed name of signee

Filing Fees:

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certifled Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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