

**L13000033743**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*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.  
VIDA NET LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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B. BOSTICK  
MAR - 6 2013  
EXAMINER  
3/5/2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VIDA NBT LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALVARO VALVIDARES

Name of Person

IGMASA MANAGEMENT SPAIN SRL CORPORATION

Firm/Company

175 SW, 7th STREET, UNIT 2006

Address

MIAMI FLORIDA 33130

City/State and Zip Code

in.usa@igmasa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALVARO VALVIDARES

Name of Person

305

at (

9895404

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

VIDA NET LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

175 SW, 7th STREET, UNIT 2006  
MIAMI  
FLORIDA 33130

**Mailing Address:**

175 SW, 7th STREET, UNIT 2006  
MIAMI  
FLORIDA 33130

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

IGMASA MANAGEMENT SPAIN SRL CORPORATION

Name

175 SW, 7th STREET, UNIT 2006

Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33130

City, State, 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.*

IGMASA MANAGEMENT SPAIN SRL CORPORATION

By:

[Signature]  
Registered Agent's Signature (REQUIRED)

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