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.

(((H13000117390 3)))



H130001173903ABCZ

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 : EXPRESS CORPORATE FILING SERV

Account Number : 12000000146

: (305)444-4994

Fax Number

: (305) 444-4977

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

ച<u>യ</u>ണall Address:

FLORIDA LIMITED LIABILITY CO. **VANDRI LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

MAY 29 2019

B. KOHR.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name and address of this Limited Liability Company is:

VANDRI LLC

ARTICLE II - ADDRESS

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

8500 West Flagler Street Ste B-208 Miami, FL 33144

ARTICLE III - PURPOSE

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV - NAME OF REGISTERED AGENT, ADDRESS OF REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and street address of the L.L.C.'s initial registered resident agent shall be:

Miguel A. Hernandez C.P.A 8500 West Flagler Street Sto B-208 Miami, FL 33144

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..

nt's Signature



<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Me	ember
MGRM	MIGUEL ANGEL PITA
	8500 WEST FLAGLER STREET, SUITE B208
	MIAMI, FL 33144
	_ ,
(Use attachment if necessa	ary)
•	•
ICLE V: Effective date, if of a feetive date is listed, the	ther than the date of filing: (OPTIONAL date must be specific and cannot be more than five business
ICLE V: Effective date, if ot	ther than the date of filing: (OPTIONAL date must be specific and cannot be more than five business
ICLE V: Effective date, if of a effective date is listed, the to or 90 days after the date	ther than the date of filing: (OPTIONAL date must be specific and cannot be more than five business of filing.)
ICLE V: Effective date, if of a feetive date is listed, the	ther than the date of filing: (OPTIONAL date must be specific and cannot be more than five business of filing.)
ICLE V: Effective date, if of a effective date is listed, the to or 90 days after the date	ther than the date of filing: (OPTIONAL date must be specific and cannot be more than five business of filing.)
ICLE V: Effective date, if of a effective date is listed, the to or 90 days after the date REQUIRED SIGNATULE Signature	ther than the date of filing: (OPTIONAL date must be specific and cannot be more than five business of filing.)