

FEB/17/2014/MON 09:28 AM

2/14/2

FAX NO

002 006

**L14000027195**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H14000037233 3)))



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FLORIDA LIMITED LIABILITY CO.  
VAVIC EQUIPMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

FILED  
14 FEB 17 AM 7:43  
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T. Duran FEB 17 2014

FEB/17/2014/MON 09:48 AM  
850-617-6381

FAX No.  
2/17/2014 8:22:36 AM PAGE 1/001 Fax Server

P:001/006



February 17, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EXPRESS

SUBJECT: VAVIC EQUIPMENT, LLC  
REF: W14000009884

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

FAX Aud. #: H14000037233  
Letter Number: 514A00003477

RECEIVED  
14 FEB 17 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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

**ARTICLE I**

*The name of the Limited Liability Company is:*

**VAVIC EQUIPMENT, LLC**

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

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**ARTICLE II**

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

**Principal Office Address:  
3603 NW 194<sup>th</sup> TERRRACE  
MIAMI GARDENS, FL 33056**

**Mailing Address  
3603 NW 194<sup>th</sup> TERRACE  
MIAMI GARDENS, FL 33056**

**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:***

**R&P ACCOUNTING & TAXES INC**

**Name**

**200 SE 1<sup>ST</sup> STREET SUITE 604**

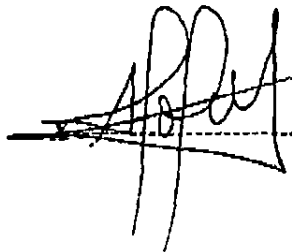
***Florida Street address (P.O. Box NOT acceptable)***

**MIAMI, FL. 33131**

***FL City, State, and Zip***

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***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 605, F.S***



A handwritten signature in black ink, appearing to be 'R. P. Accounting & Taxes Inc.', is written over a horizontal dashed line.

***Registered Agent's Signature (REQUIRED)***

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**ARTICLE IV**

***MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each  
Person authorized to manage and control the Limited Liability Company:***

***Title:***

**VAVIC EQUIPMENT, LLC**

**ALAIN E. OLIVO MORON  
3603 NW 194<sup>th</sup> TERRACE  
MIAMI GARDENS, FL 33056**

**MANAGER MEMBER**

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**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 to or 90 days after the date of filing.)*

**REQUIRED: SIGNATURE**

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

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**TALLAHASSEE, FLORIDA**

*(In accordance with section 605 - 0165) (u)(6)  
Florida Statutes, the execution of this document  
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*

**ALAN E. OLIVO MORON**

*Typed or printed name of signer*