

**L14000062534**

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 : ROSILLO & ASSOCIATES, P.A.  
Account Number : I19990000127  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
Vicky Martinez, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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3/21/2014 9:32:49 AM PAGE 1/001 Fax Server



March 21, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ROSILLO &amp; ASSOC

SUBJECT: VICKY MARTINEZ, LLC  
REF: W14000018099

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan  
Regulatory Specialist IIFAX Aud. #: H14000067848  
Letter Number: 714A00006110RECEIVED  
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P.O. BOX 6327 - Tallahassee, Florida 32314

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

**ARTICLE I - NAME**

The name of the Limited Liability Company is Vicky Martinez, LLC.

**ARTICLE II - ADDRESS**

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

7126 Laurel Lane  
Miami, FL 33014

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:**

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

Vidalis Martinez  
7126 Laurel Lane  
Miami, FL 33014

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.



Vidalis Martinez, Registered Agent

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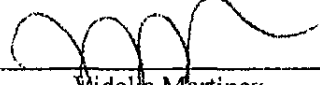
**ARTICLE IV -MANAGEMENT**

The name and address of each person authorized to manage and control the Limited Liability Company:

AMBR – Authorized Member      Vidalis Martinez  
7126 Laurel Lane  
Miami, FL. 33014

  
\_\_\_\_\_  
Vidalis Martinez

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document Constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of the State Constitutes a third degree felony as provided for in s.817.155, F.S.)

  
\_\_\_\_\_  
Vidalis Martinez

**Filing Fees:**  
**\$125.00 Filing Fee for Articles of Organization**  
**30.00 Certified Copy (Optional)**  
**5.00 Certificate of Status (Optional)**

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