## 61400 018566F

(Re	equestor's Name)	
(Ad	ldress)	·
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	TIAW	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>	-	

⊶용하다@ffice Use Only --



100266505551

11/24/14--01005--025 \*\*125.00

14 NOV 24 AM 10: 22
SECRETARY OF STATE ALLAHASSEE, FLORIDA

T SHARLE DEC 0 T SOLA!

## COVER LETTER

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: VIAPRESTIGE REAL ESTATE L		
Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
William Harbour	N CD	
	Name of Person	
VIADDESTICE DEAL ESTATE LL		
VIAPRESTIGE REAL ESTATE LLC	J. Firm/Company	
5701 Biscayne Blvd CS-1		
	Address	
Miami FL 33137		
	City/State and Zip Code	
wharbour@gmail.com  F-mail address: (to be use	d for future annual report notifica	tion)
	·	iony
For further information concerning this matter, plea	ase call:	
William Harbour at ( )  Name of Person	786 <u>2471185</u> Area Code Davtime Tel	ephone Number
ranic of Leison	Augume 101	ephone (vanoe)
Enclosed is a check for the following amount:		
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &	□\$155.00 Filing Fee &	De160 00 Eiling For
Certificate of Status	Certified Copy	S160.00 Filing Fee, Certificate of Status &
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Addr	ress
Registration Section Division of Corporations	Registration Section Division of Corporat	ions
P.O. Box 6327	Clifton Building	NO IN

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
VIAPRESTIGE REAL ESTATE LLC. (Must end with the words "Lim	nited Liability Company, "L.L.C.," or "	LLC.")
ARTICLE II - Address:		
The mailing address and street address of the princip	al office of the Limited Liability Comp	pany is:
Principal Office Address:	Mailing Address:	
5701 Biscayne Blvd CS-1	5701 Biscayne Blvd CS-1	
Miami FL 33137	<u>Miami FL 33137</u>	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its canother business entity with an active Florida registration of the registration of t	own Registered Agent. You must designation.)	
William Harbour	-	
	ame	
5701 Biscayne Blvd CS-1		
Florida street address (P.O.		
<u>Miami</u>	FL 33137	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	ccept the appointment as registered age ions of all statutes relating to the proper	nt and agree to act in this and complete performance
كالألفيا		1 TAL
Registered Agent's Si	ignature (REQUIRED)	* NOV : ERETA
(CONTI	INUED)	NA F
Page :	1 of 2	AMIO:

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	William Harbour
	5701 Biscayne Blvd CS-1
	Miami FL 33137
	- <u></u> -
(Use attachment if necessary)	
CLE V: Effective date, if other than the	date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d
CLE V: Effective date, if other than the effective date is listed, the date must be of filling.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d
CLE V: Effective date, if other than the	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d
CLE V: Effective date, if other than the effective date is listed, the date must be of filling.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d
CLE V: Effective date, if other than the effective date is listed, the date must be of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 d
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of	a member or an authorized representative of a member
CLE V: Effective date, if other than the effective date is listed, the date must be of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a continuous of the conti	a member or an authorized representative of a member on 605.0203 (1) (b), Florida Statutes, the execution of this document.
CLE V: Effective date, if other than the effective date is listed, the date must be of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a constitutes an affirmation	a member or an authorized representative of a member on 605.0203 (1) (b), Florida Statutes, the execution of this document.
CLE V: Effective date, if other than the effective date is listed, the date must be of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any false in the effective date of the effective date.	a member or an authorized representative of a member on 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.  Information submitted in a document to the Department of States of the felony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must be of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any false in the effective date of the effective date.	a member or an authorized representative of a member on 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.  Information submitted in a document to the Department of States of the felony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must be of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a constitutes an affirmation I am aware that any false is constitutes a third degree in the effective date.	a member or an authorized representative of a member on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are the information submitted in a document to the Department of Safe; felony as provided for in s.817.155, F.S.)