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(Re	questor's Name)	
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SECRETARY OF STATE
TALL AHASSEE, FLORIT

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J. Shivers DEC 11 2014

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VIP Systems Electric, LLC	imited Liability Company
Name of L	Inniced Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Alex Genin	
	Name of Person
	Firm/Company
2973 Bingle Road	Address
	Address
Houston, Texas 77055	City/State and Zip Code
	City/State and Zip Code
manager@firstcap.net E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pl	lease call:
ALex Genin at ((713) 629-4866
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Pagistration Section	Street/Courier Address Pagistration Section
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building

Tallahassee, FL 32314

Clifton Building
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:	
VIP Systems Electric, LLC (Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principa	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2973 Bingle Rd Houston TX 77055	2973 Bingle Rd Houston, TX 77055
another business entity with an active Florida registra	wn Registered Agent. You must designate an individual or ation.)
The name and the Florida street address of the register	red agent are:
Edward Genin Na	me
415 NE 2nd Ave Florida street address (P.O. E	Box NOT acceptable)
Hallandale Beach	FL 33009
City	Zip
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the	

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
Alex Genin AMBR	Alex Genin
	2973 Bingle Rd
	Houston, TX 77055
Edward Genin AMBF	Edward Genin
	2973 Bingle Rd
	Houston TX 77055
ective date is listed, the date must be s	te of filing:
E V: Effective date, if other than the date	pecific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the datective date is listed, the date must be sof filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
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E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a fill (In accordance with section 6 constitutes an attirmation uple 1 am aware that any false info	pecific and cannot be more than five business days prior to or 90 days prior to or 90 days prior or an authorized representative of a member.
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Page 2 of 2