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PICK-UP	☐ WAIT	MAIL
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(Bus	siness Entity Name	9)
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Certified Copies	Certificates of	of Status
Special Instructions to f	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
TALLAMASSEE FINANCE.

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# **COVER LETTER**

TO:	Registration Division of C	Section Corporations		
SUBJE	CT: Vicitera	ILLC		
			nited Liability Company	
The en	closed Articles	of Organization and fee(s) as	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	Jeffrey S	chempo		
	<u> </u>		Name of Person	
			Firm/Company	<del></del>
	0400.0-	May 4 4 005		
	3180 00	ral Way Apt 205	Address	
	Coral Ga	bles FL 33145	City/State and Zip Code	
vio	citerallc@gma		,	
		E-mail address: (to be used	d for future annual report notifica	ation)
For fur	ther information	n concerning this matter, plea	ase call:	
laffras	Schempp	at ( <sup>!</sup>	502 ) 771-1116	
Jenrey		ne of Person		lephone Number
Enclose	ed is a check fo	r the following amount:		
<b>☑</b> \$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
			0	

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Vicitera LLC				
(Must end v	with the words "Limit	ted Liability (	Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ddress of the principal	l office of the	Limited Liability C	ompany is:
Principal Office Address:		<u>Mailin</u>	g Address:	
3180 Coral Way			Coral Way	<del> </del>
Apt 205 Coral Gables FL 33145		Apt 20	Gables FL 33145	
ADTICLE III Desistant 4	nt Dogistand Offic	a & Danista	red Agent's Signati	ara.
ARTICLE III - Registered Age (The Limited Liability Company				
another business entity with an a			Mgent, 1 ou must de	esignate an individual of
another business entity with an a	otivo i lottuu registiu	,		是说 <b>不</b>
The name and the Florida street a	address of the register	red agent are:		AH, B
Jeffrey S	Schempp			SA
	Nar	me		MY T
3180 Cd	oral Way Apt 205			7 <b>3</b> 7
Florida	street address (P.O. B	Box NOT acc	eptable)	
Coral G	ables	FL	33145	DA
	City		Zip	
Having been named as registered the place designated in this co	ertificate, I hereby acc	ept the appoi ns of all statu	ntment as registered es relating to the pro	

(CONTINUED)
Page 1 of 2

AMBR  Jeffrey Schempp 3180 Coral Way Apt 205 Coral Gables FL 33145  AMBR  Jeremy Taylor 561 Henry St Apt 3 Brooklyn NY 11231  DON TO THE CONTROL OF THE CONT	<u>Title:</u>	Name and Address:
AMBR  Jeffrey Schempp  3180 Coral Way Apt 205  Coral Gables FL 33145   Jeremy Taylor  551 Henry St Apt 3  Brooklyn NY 11231   W: Effective date, if other than the date of filing:  Citive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filling.)  WI: Other provisions, if any.  REQUIRED SIGNATURE:  Signatury of a member or an authorized representative of a member.  (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 State constitutes a third degree felony as provided for in s.817.155, F.S.)  Jeffrey Schempp  Typed or printed name of signee  Filing Fees:	'AMBR" = Authorized Member	
AMBR  Jeremy Taylor 561 Henry StApt 3 Brooklyn NY 11231  Use attachment if necessary)  V: Effective date, if other than the date of filing:  Cive Effective date, if other than the date of filing:  C	'MGR" = Manager	latter Cabanna
AMBR  Jeremy Taylor 561 Henry St Apt 3 Brooklyn NY 11231  We attachment if necessary)  Let attachment if necessary)  Let Effective date, if other than the date of filing:  Cive Effective date, if other than the date of filing:  Cive Effective date, if other than the date of filing:  Cive Ambrecia and Common the more than five business days prior to or 90 filling.  Cive Other provisions, if any.  REQUIRED SIGNATURE:  Signature La member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury data the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  Jeffrey Schempp  Typed or printed name of signee  Filing Fees:	AMBH	
Use attachment if necessary)  Signature of attachment in the date of filing:  (OPTIONAL)  Signature of a member.  (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 State constitutes a third degree felony as provided for in s.817.155, F.S.)  Jeffrey Schempp  Typed or printed name of signee  Filing Fees:		
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Page 2 of 2