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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VRM Industries LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Vaughan
Name of Person
VRM Industries LLC
Firm/Company
401 East Las Olas Blvd Suite 130-164
Address
Fort Lauderdale, FL 33301
City/State and Zip Code
mike.vrmindustries@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call.
Michael Vaughan Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125 00 Filing Fee \$\ \text{Certificate of Status} \text{Status Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{V}\$\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Registration Section

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Cor	mpany is:		
VRM industries LLC			
	he words "Limited	Liability Company, "L.L.C	." or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal of	ffice of the Limited Liability	Company is. 37 33
Principal Office Address:	Maili	ng Address:	
3030 N. Rocky Point Suite 150 A		401 East Las Olas Blvd Suite 130-164	
Tampa, FL 33607		Fort Lauderdale, FL 33301	25 a
The name and the Florida street addre	ss of the registered		
	Name		
3030 N	. Rocky Point Dr., STE 1	50A	
Florida street	address (P.O. Box	(NOT acceptable)	
	ıampa	FL 33607	
	City	Zıp	- -
Having been named as registered age	ent and to accept se.	rvice of process for the above	e stated limited liability company red agent and agree to act in this

(CONTINUED)
Page 1 of 2

<u>l'itle:</u>	Name and Address:	_
AMBR" = Authorized Member		12 juli 1 1 min 1 1 mi
MGR" = Manager		م. د
AMBR	Purchasing Group LLC	, ,
	1825 Ponce De Leon Blvd, Suite 544	: শ্ম
	Coral Gables, FL 33134	:727
		Ä,
AMBR	Clay McNeil	·
	401 East Las Olas Blvd, Suite 130-164	1-11
	Fort Lauderdale, FL 33301	
		Ðr.
AMBR	Joseph Reynolds	* <u>;</u> =
	401 East Las Olas Blvd, Suite 130-164	
	Fort Lauderdale, FL 33301	
Use attachment if necessary)	of filing (OPI	CIONALA
EV: Effective date, if other than the date octive date is listed, the date must be spec f filing.)	of filing (OPT	
EV: Effective date, if other than the date of the date is listed, the date must be specified.		
EV: Effective date, if other than the date octive date is listed, the date must be spec f filing.)		
E.V: Effective date, if other than the date of the date is listed, the date must be specifiling.) E.VI: Other provisions, it any.		
E.V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E.VI: Other provisions, it any. REQUIRED SIGNATURE:		s prior to or 90

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)