

U5000092048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

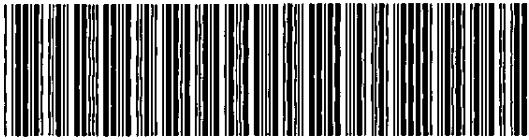
PICK-UP    WAIT    MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

**Special Instructions to Filing Officer:**



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## CT Corporation

515 East Park Avenue  
Tallahassee, FL 32301

850 558 1930 tel  
855 637 1628 fax  
[www.ctcorporation.com](http://www.ctcorporation.com)

May 26, 2015

Secretary of State, Florida  
2661 Executive Circle Center  
Tallahassee FL 32301

Re: Order #: 9561618 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Secretary of State, Florida :

Please obtain the following:

VIRIDE DEVELOPMENT LLC (FL)  
Formation  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
[Connie.Bryan@wolterskluwer.com](mailto:Connie.Bryan@wolterskluwer.com)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

VIRIDE DEVELOPMENT LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

Principal Office Address:

3390 Mary Street Suite #140  
Coconut Grove -Miami  
FL 33133

Mailing Address:

3390 Mary Street Suite #140  
Coconut Grove -Miami  
FL 33133

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

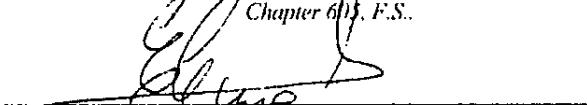
The name and the Florida street address of the registered agent are:

Westland Management Services, Inc.  
Name

2525 Ponce de Leon Blvd., Suite 250  
Florida street address (P.O. Box NOT acceptable)

Coral Gables FL 33134  
City Zip

*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 617, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

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RECEIVED  
FLORIDA SECRETARY OF STATE  
ATLANTA, GEORGIA

2015 MAY 26 A 8:52

FILED

## ARTICLE IV.

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

Title:

**"AMBR"** = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Marisela Pomenta

3390 Mary Street Suite 140

Coconut Grove- Miami Fl 33133

—

—

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

#### **ARTICLE VI: Other provisions, if any.**

**REQUIRED SIGNATURE:**

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Signature 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.)

Marisela Pimentel

Typed or printed name of signee

**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)**

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THE STATE OF FLORIDA

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