

Jul. 22. 2015 9:56 AM
7/22/2015

Division of Corporations

No. 7568

1

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.

V.N.D ENTERPRISE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

JUL 23 2015

S. GILBERT

Jul. 22, 2015 9:51AM
07/22/2015 09:48 3052879428
Jul. 21, 2015 2:34PM

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No. 7568 P. 2
No. 7563 P. 1 01/01

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared LUIS CHAVEZ, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of V.N.D ENTERPRISE LLC., a Florida corporation to be filed with the Florida Department Of State on or about July 21st 2015.
2. The undersigned hereby consents to and authorizes the use by V.N.D ENTERPRISE LLC., of the name V.N.D ENTERPRISE LLC.
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of Reinstating the dissolved entity.


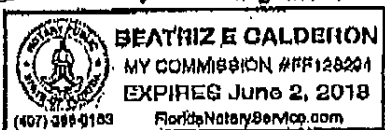
FURTHER AFFIANT SAYETH NAUGHT.


LUIS CHAVEZ

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, LUIS CHAVEZ, who is personally known to me, who, being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 21 day of July, 2015


Notary Public Signature

BEATRIZ E CALDERON
MY COMMISSION #FF128204
EXPIRES June 2, 2018
(407) 388-9183 FloridaNotaryService.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

V.N.D ENTERPRISE 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:Mailing Address:8301 NW 107TH CT8301 NW 107TH CTUNIT 4UNIT 4DORAL, FL 33178DORAL, FL 33178**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:

LUIS CHIAVEZ

Name

8301 NW 107TH CT UNIT 4Florida street address (P.O. Box **NOT** acceptable)DORAL, FL 33178

City

State

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 605, F.S.



 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" – Authorized Member

"MGR" – Manager

MGRM

Name and Address:

LUIS CHAVEZ

8301 NW 107TH CT UNIT 4

DORAL, FL 33178

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

LUIS CHAVEZ

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)