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SECRETARY OF STATE
TAILAHASSEE, FLORIDA

E 8000 (1) 8 3 1 2019

COVER LETTER

Division of Corporations
SUBJECT: Vicenza Silver Company, LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bethany Burt Name of Person
Vicenza Silver Company Firm/Company
2816 Coronado Wy Address
Vero Beach, FL 32960 City/State and Zip Code bburt design a grail-com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Betuany Burt at (772) 766-4926 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED MADILITY COMPANT

ARTICLE I - Name:

The name of the Limited Liability Company is:	. 1.0
(Must end with the words "Limited Liability Company, "L.L.C.," or "L	C"
(Musicala will the words Elithica Elability Company, E.E.C., of E	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compa	ıy is:
Principal Office Address: Mail	g Address:
7816 Covonado Wy 7 Same Vevo Beach, EL 72960	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must design another business entity with an active Florida registration.)	te an individual or
The name and the Florida street address of the registered agent are:	
Bethany Burt	15 AUG 24 NECRETAR NELAHASS
Florida street address (P.O. Box NOT acceptable)	<u> </u>
·	
Very Beach FL 3296	CORIDIA 3: 50

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)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Bernany Burt, MG1	Vero Brach, fr. 32a60
(Use attachment if necessary)	
LE V: Effective date, if other than the date of fective date is listed, the date must be speciof filing.)	ific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not meaner's effective date on the Department of	ific and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the date of fective date is listed, the date must be speciof filing.) If the date inserted in this block does not me	ific and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will no
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LE V: Effective date, if other than the date of fective date is listed, the date must be specifing.) If the date inserted in this block does not mearment's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in	et the applicable statutory filing requirements, this date will no State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be speciof filing.) If the date inserted in this block does not meanent's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in constitutes a third degree for the date of the special state o	et the applicable statutory filing requirements, this date will not state's records. State's records. ber or an authorized representative of a member.

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