(R	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone #	9
PICK-UP	☐ WAIT	MAIL
. (B	usiness Entity Name	)
(D	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

			WALK IN
		PICK U	P: <u>11/19</u>
	XX	CERTIFIED COPY	
		РНОТОСОРУ	
		CUS	
	ж	FILING	LLC
1.		VORTEX INTELLECTUAL (CORPORATE NAME AND DOCUMEN	PROPERTY HOLDING LLC
2.		(CORPORATE NAME AND DOCUMEN	NT #)
3.		(CORPORATE NAME AND DOCUMEN	VT #)
4.		(CORPORATE NAME AND DOCUMEN	NT #)
5.		(CORPORATE NAME AND DOCUMEN	VT #)
6.		(CORPORATE NAME AND DOCUMEN	VT #)
SPE	CIAI	L INSTRUCTIONS:	

## COVER LETTER

	gistration Sec vision of Corp				
SUBJECT:	VORTEX IN	TELLECTUAL PROI	PERTY HOL	DING LLC	
SOBUECT.	**************************************	Name of L	imited Liabil	ty Company	<del></del>
The enclosed	d Articles of O	rganization and fee(s)	are submitted	for filing.	
Please return	all correspond	dence concerning this r	natter to the f	bllowing:	
			CYRIL H	OURI	
-		· · · · · · · · · · · · · · · · · · ·	Name of	Person	
	•	VORTEX INTEL	LECTUAL	PROPERTY HOLDI	NG LLC
_			Firm/Co	mpany	
		235 LN	NCOLN ROA	D, SUITE 308	
<del>-</del>			Addre	ess	
		MIA	АМІ ВЕАСН	,FL 33139	
_			City/State and cyril@naviz	_	
<u></u>	E-n	nail address: (to be use			ion)
For further info	ormation conce	erning this matter, pleas	se call:		
С	yril Houri	. *	305	894-6874	
_	Name o		Area Code	Daytime Telephon	ne Number
Enclosed is a	check for the	following amount:			
\$125.00 Filin		130.00 Filing Fee & Certificate of Status	Certifie	) Filing Fee & d Copy I copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing A		_	Street Address	

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	OPTOV IMPOI I DAT	TAT DOMODDOME	YOY TO THE LIFE
	ORTEX INTELLECTU		
	·	Diability Company	A DIDION OF EDOL!
TICLE II - Address:			
e mailing address and street ad	dress of the principal o	ffice of the Limited	Liability Company is:
Principa	l Office Address:		Mailing Address:
OOK Tiles also Deed of			
235 Lincoln Road, Su		235	Lincoln Road, Sulte 308
Miami Beach FL 331	39 ot, Registered Office, annot serve as its own	Mia  & Registered Agent.	Lincoln Road, Suite 308 mi Beach FL 33139  of's Signature: You must designate an individual of
Miami Beach FL 331	39 of, Registered Office, annot serve as its own tive Florida registration	& Registered Agent. (n.)	mi Beach FL 33139
Miami Beach FL 331.  TICLE III - Registered Agent Limited Liability Company other business entity with an according to the company of the com	39  It. Registered Office, annot serve as its own tive Florida registration dress of the registered	& Registered Agent. (n.)	mi Beach FL 33139
Miami Beach FL 331.  TICLE III - Registered Agente Limited Liability Company other business entity with an ac	39  It. Registered Office, annot serve as its own tive Florida registration dress of the registered	& Registered Agent. Yn.) agent are:	mi Beach FL 33139
Miami Beach FL 331.  TICLE III - Registered Agente Limited Liability Company other business entity with an ac	39  It. Registered Office, annot serve as its own tive Florida registration idress of the registered	& Registered Agent. ' Registered Agent. ' n.) agent are: Cyril Houri	mi Beach FL 33139 nt's Signature: You must designate an individual o
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Miami Beach FL 331.  TICLE III - Registered Agen e Limited Liability Company of ther business entity with an ac- mame and the Florida street ac-	39  It. Registered Office, annot serve as its own tive Florida registration idress of the registered  235 Line	& Registered Agent. (n.) agent are: Cyril Houri Name coln Road, Suite 30	mi Beach FL 33139  of's Signature: You must designate an individual o

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

MON 50 64 15: 20

Title:	Name and Address:
"AMBR" = Authorized Member	•
"MGR" = Manager AMBR	Cyrll Houri
	235 Lincoln Road, Suite 308
	Miami Beach FL 33139
•	
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<u> </u>	
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