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Florida Department of State

Division of Corporations

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Fax Number : (850)617-6381

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**FLORIDA LIMITED LIABILITY CO.
ILUSION VP LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Help

03/10/2016 15:53 3052201440

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PAGE 01/05

850-817-8381

3/10/2016 12:35:58 PM PAGE 1/001 Fax Server



March 10, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: ILUSION VP LLC

REF: W16000018104

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown
Regulatory Specialist II

FAX And. #: H16000061145
Letter Number: 916A00004984

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

H16000061145

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ILLUSION VP 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:15032 SW 23RD WAY
MIAMI, FL 33185SAME

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:

SERGIO A FLEITES CPA

Name

1676 SW 87 AVEFlorida street address (P.O. Box NOT acceptable)MIAMI

City

FL 33174

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)

Page 1 of 2

MAR 10 PM 1:20
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TALLAHASSEE, FLORIDA

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H16000061145

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

NORKA VELASCO

15032 SW 23RD WAY

MIAMI, FL 33185

AMBR

ROLANDO VELASCO

15032 SW 23RD WAY

MIAMI, FL 33185

(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:



Signature of a member or an authorized representative of a member.

(In accordance with section 607.0203 (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.)

SERGIO A FLEITES

Typed or printed name of signer

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)

H16000061145

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED**

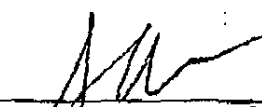
In pursuance of Chapter 607.34 Florida Statutes, the following is
submitted, in compliance with said Act:

First: That, ILUSION VP LLC

desiring to organize under the laws of the State of Florida with its principal office
as indicated in the articles of incorporation at the City of Miami, County of Miami-
Dade, State of Florida has named Sergio A. Fleites, C.P.A., located at 1575 SW
87 AVE, Miami, FL 33174, City of Miami, County of Miami-Dade, State of Florida,
as its agent to accept service of process within this state.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated
corporation, at place designated in this certificate, I hereby accept to act in this
capacity, and agree to comply with the provision of said Act relative to keeping
open said office.


Sergio A. Fleites, C.P.A.
(Registered Agent)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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