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SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

02-15-26

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VICTORY MULTISERVICE INC. 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:
FERNANDO VICTORIA Name of Person
Firm/Company
833 SPRINGDALE CIRCLE
PALM SPRINGS, FL 33461 City/State and Zip Code MYRVAN Ø8 @ YAHOO COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Myriam Vahega S 305 297-7397 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, 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 O'RGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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: 833 Springdale Circle 833 Springdal Palm Springs, FL 33461 Palm Springs	le Cir	cle 3461
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 another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	CARC	e statement
Fernando Victoria Name 833 Springdale Circle	-7 PH 4:5 ARY OF STATI ASSEE, FLORII	
Florida street address (P.O. Box <u>NOT</u> acceptable) Poly Springs FL 3346 City State Zip	DA 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Aut	Name and Address: orized Member
"MGR" = Mana	
MGR	Claudia A. Victoria Cabrera Calle 50, # 101-60 _Apt. 901, Torre 4
	Pantiago de Call Colombia
	AS TO THE PARTY OF
(Use attachment	if necessary)
(If an effective date is list the date of filing.) Note: If the date inserted	ate, if other than the date of filing: February 29,2016 (OPTIONAL) after the date must be specific and cannot be more than five business days prior to date after in this block does not meet the applicable statutory filing requirements, this date will not be listed as
(If an effective date is list the date of filing.) Note: If the date inserted the document's effective	ite, if other than the date of filing: Telorus Y 2/20 16 (OPTIONAL) after the date must be specific and cannot be more than five business days prior to date after in this block does not meet the applicable statutory filing requirements, this date will not be listed as date on the Department of State's records.
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