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SECRETARY OF STATE TALLAY ASSEELT LORID

MTM

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
SUBJECT: V	ista Publi Name of L	Shing Company imited Liability Company	ay, LUC
The enclosed Article	s of Organization and fee(s)	are submitted for filing.	
Please return all corr	espondence concerning this 1	matter to the following:	
	Jo	e Vidueira	
<del></del>		Name of Person	
	Jupiter 4	Festyle Mas	azine
<del></del>		Firm/Company	
	4440 P	GA Blud.	Ste 600
		Address	
	Palm Bc	ach Garden	15, 82 33410
	Joe. Vidue	City/State and Zip Code	pubs. com
	n concerning this matter, plea	•	,
TOT INTINOT INTOTALLIO		se can.	
Joc	Vidueira at	561 , 239-6	
r	name of Person	Area Code Daytime Telephon	ie Number
Enclosed is a check f	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address w Filing Section	Street Address New Filing Section	16 M

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 ALL/ SACSEE, FLORIDA

## ARTICLES OF ORGANIZATION 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: Malling Address:		
Ath: Joe Vidueira  2476 NW 39th St.  Boca 12aton 123343   Typto Rea Blid Ste.  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.)	62 v 60 L	L 0 -3341
The name and the Florida street address of the registered agent are:		
Name		
Joe Vidueira Name 2476 NW 39th St.		
Florida street address (P.O. Box NOT acceptable)		
Boca Deton Fr 33431		
City State Zip		
Having been named as registered agent and to accept service of process for the above stated limited liability company at the olace 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 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)	_ <u>.</u>	70
Page 1 of 2	<b>⊙</b>	
	6 MAY 23	
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	<u> </u>	

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager  MG?	JUL VIDUERE 2476 NW 39th St. Boca Reton R 33	<u> </u>	
<del></del>			
		····	
(13a- attach - ant Francescon)			
(Use attachment if necessary)	of filing: (OPTIONAL)		
the date of filing.)	ecific and cannot be more than five business days prior to neet the applicable statutory filing requirements, this date worf State's records.		
ARTICLE VI: Other provisions, if any.			
		<del></del>	<del></del>
REQUIRED SIGNATURE:			
Signature of a me	mber or an authorized representative of a member.	<del></del>	
This document is execut I am aware that any false	ed in accordance with section 605.0203 (1) (b), Florida State information submitted in a document to the Department of e felony as provided for in s.817.155, F.S.		
<u>J</u>	oe R. Viduerra Typed or printed name of signee	_	E CO
	<u>Filing Fees:</u> ganization and Designation of Registered Agent	16 MAY 2	ALLANS T
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	al)	ω	第三元
	D 2 : 62		- デポロ - ディ
	Page 2 of 2	· •	

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

ARTICLE IV-