

Division of Corporations

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# L16000176687

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : ROSILLO & ASSOCIATES, P.A.  
Account Number : I19990000127  
Phone : (305) 477-5671  
Fax Number : (305) 477-2640

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
REGISTRATION SERVICES**FLORIDA LIMITED LIABILITY CO.  
Viewcom, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is **VIEWCOM, LLC**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

**7950 NW 53 Street Suite 221  
Miami, Florida 33166**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent is:

**FRANK A ROSILLO  
7950 NW 53 Street Suite 221  
Miami, Florida 33166**

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

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**ARTICLE IV -MANAGEMENT**

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

Name and Address:  
-AMBR — Authorized Member  
JORGE GARCIA  
EL ROBLE 1251 OF 43  
SANTIAGO CHILE



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

(In accordance with section 605.0203 (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 the State Constitutes a third degree felony as provided for in s.817.155, F.S.)



JORGE GARCIA

Filing Fees:  
\$125.00 Filing Fee for Articles of Organization  
30.00 Certified Copy (Optional)  
5.00 Certificate of Status (Optional)

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