

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

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

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

**FLORIDA LIMITED LIABILITY CO.  
VS ASSOCIATES INTERNATIONAL, LLC.**

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

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

**VS ASSOCIATES INTERNATIONAL, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**VS ASSOCIATES INTERNATIONAL, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**6636 NW 179<sup>TH</sup> TERRACE  
HIALEAH, FL 33015**

The mailing address shall be:

**6636 NW 179<sup>TH</sup> TERRACE  
HIALEAH, FL 33015**

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

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

**JUAN VALDEZ CARRILLO  
6636 NW 179<sup>TH</sup> TERRACE  
HIALEAH, FL 33015**

**6636 NW 179<sup>TH</sup> TERRACE  
Florida street address ( P.O.BOX NOT acceptable)  
HIALEAH, FL 33015  
City, State, and Zip**

**CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**

16 NOV - 1 AM 3:46  
FILED  
CLERK OF DISTRICT COURT  
SOUTH DED. CT. 3 BLDG.  
601 N. W. 10TH ST. MIAMI, FL 33136

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..

X   
REGISTERED AGENT'S SIGNATURE

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**JUAN VALDEZ CARRILLO**  
6636 NW 179<sup>TH</sup> TERRACE  
HIALEAH, FL 33015

**MANAGER**

**JUAN SAY MELGAR**  
6636 NW 179<sup>TH</sup> TERRACE  
HIALEAH, FL 33015

**MANAGER**

**PATRICIA AYALA VEGA**  
6636 NW 179<sup>TH</sup> TERRACE  
HIALEAH, FL 33015

**MANAGER**

**KARIN PAOLA ORTIZ MELENDEZ**  
6636 NW 179<sup>TH</sup> TERRACE  
HIALEAH, FL 33015

**MANAGER**

#### ARTICLE VI

THIS CORPORATION WILL START OPERATING ON JANUARY 1<sup>ST</sup>, 2017

(An additional article must be added if an effective date is requested)

CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300

  
X \_\_\_\_\_  
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.)

**JUAN VALDEZ CARRILLO**

Typed or printed name of signee

**CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**