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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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	•	,
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

03/06/17

COVER LETTER

	Filing Section sion of Corporations	
SUBJECT:	Virtuous	Ters
Sebase 1.	Name of Li	mited Liability Company
The enclosed	Articles of Organization and fee(s) a	re submitted for filing.
Please return	all correspondence concerning this n	natter to the following:
_	Kenya	Rame of Person
	Virtua	45 Tees Firm/Company
	195 Palma	ura St
		Address
_	0	11 FL 32811
	nonuatalo	City/State and Zip Code OF EVOLOW. COM d for future annual report notification)
For further info	ormation concerning this matter, plea	se call:
te	MA Thomas at (32 948.7082 Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filir	sig Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	;	
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	rananassee, FL 32314	2001 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

'ARTICLE I r Name: '

The name of the Limited Liability Company is:

Virtuais Tees LLC
(Must contain 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: 755 Palmera St Orlando, Fl. 30811 Orlando, Fl. 30811
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: Name 155 Palmera St
Florida street address (P.O. Box NOT acceptable)
00 8 350

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

DREJARY OF ST

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Kenya Thomas
	or who, ic
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41 · · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	filing: (OPTIONAL)
FICLE V: Effective date, if other than the date of fine effective date is listed, the date must be specifidate of filing.) ie: If the date inserted in this block does not meet	t the applicable statutory filing requirements, this date will not be liste
FICLE V: Effective date, if other than the date of fine effective date is listed, the date must be specifidate of filing.) te: If the date inserted in this block does not meet document's effective date on the Department of S	ic and cannot be more than five business days prior to or 90 days af t the applicable statutory filing requirements, this date will not be liste
FICLE V: Effective date, if other than the date of fine effective date is listed, the date must be specifidate of filing.)	ic and cannot be more than five business days prior to or 90 days af t the applicable statutory filing requirements, this date will not be liste
FICLE V: Effective date, if other than the date of fine effective date is listed, the date must be specifidate of filing.) te: If the date inserted in this block does not meet document's effective date on the Department of S	ic and cannot be more than five business days prior to or 90 days af t the applicable statutory filing requirements, this date will not be liste
FICLE V: Effective date, if other than the date of fine effective date is listed, the date must be specificate of filing.) te: If the date inserted in this block does not meet document's effective date on the Department of STICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed if am aware that any false inference in the date of the date	ic and cannot be more than five business days prior to or 90 days af t the applicable statutory filing requirements, this date will not be liste
TICLE V: Effective date, if other than the date of fine effective date is listed, the date must be specificate of filing.) te: If the date inserted in this block does not meet document's effective date on the Department of STICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed if am aware that any false inficonstitutes a third degree fellows.	t the applicable statutory filing requirements, this date will not be lister. State's records. Determine a nathorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)