

L17000073584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

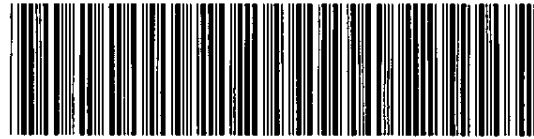
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600297231986

FILED

2017 APR -4 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2017 APR -4 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

APR - 5 2017

Account#: I20000000088

Date: 04/04/2017

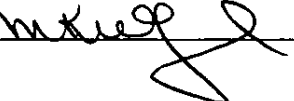
Name: Marisa Kugelmann

Reference #: T009157

ENTITY NAME: VITAL ON DEMAND LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Annual Report
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other: certified copy upon filing

Authorized Amount: \$155.00

Signature: 

FILED  
2017 APR -4 AM 8:51  
TALLAHASSEE, FLORIDA  
RECEIVED  
2017 APR -4 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Vital On Demand LLC  
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:

Jose Jayma  
\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

20761 NE 4th Pl Apt 102  
\_\_\_\_\_  
Address

N. Miami Beach, FL 33179  
\_\_\_\_\_  
City/State and Zip Code

jjayma@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Jayma at ( 805 ) 368-8664  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check 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)
---------------------	--	--	--

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2017 APR -4 AM 6:51  
TALLAHASSEE, FL 32301  
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2017 APR -4 AM 8:51

Vital On Demand LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRET  
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Office of Research and Economic Development

Jose Jayma

3000 NE 151st St, HM 373

20761 NE 4th Pl Apt 102

North Miami, FL 33181

N. Miami Beach, FL 33179

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:

National Corporate Research, Ltd., Inc.

Name

115 North Calhoun Street, Suite 4

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

Florida

32301

City

State

Zip

*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..*

 ASSISTANT SECRETARY  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

\_\_\_\_\_  
MGR

\_\_\_\_\_  
MGR

**Name and Address:**

\_\_\_\_\_  
Jose Jayma

\_\_\_\_\_  
20761 NE 4th Pl Apt 102

\_\_\_\_\_  
N. Miami Beach, FL 33179

\_\_\_\_\_  
Richard Houston

\_\_\_\_\_  
1380 NW 203rd St

\_\_\_\_\_  
Miami Gardens, FL 33169

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
Jose Jayma

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

FILED  
2017 APR -1 AM 8:51  
TALLAHASSEE, FL  
SOS