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COVER LETTER

CHDIE	Verified American, LLC
SUBJEC	Name of Limited Liability Company
æt i	
	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Michael Chan
	Name of Person
	Verified American, LLC
	Firm/Company
	3014 Via Siena Place
	Address
	Santa Clara, CA 95051
	City/State and Zip Code
	calforyou@gmail.com
	E-mail address: (to be used for future annual report notification)
r further	information concerning this matter, please call:
	Michael Chan 408 718-9836
	Name of Person Area Code Daytime Telephone Number
	is a check for the following amount:
	· · · · · · · · · · · · · · · · · · ·
3125.00 I	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certificate of Status
	Certificate of Status ——Certified Copy —— Certificate of Status &

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	can, LLC				
(Mus	t contain the words "Limited	l Liability Company	, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and st	reet address of the principal	office of the Limited	d Liability Company is:		
<u>Pr</u>	incipal Office Address:		Mailing Address	<u>.</u>	
2355 Dover		235	5 Dover		
Weston, FL 33	326	Wes	ston, FL 33326		
				·	
	d Agent, Registered Office,				
(The Limited Liability Con another business entity wit	npany cannot serve as 113 owr th an active Florida registratio	n Registered Agent.	You must designate an indiv	dual or	
The name and the Florida s	street address of the registered	d agent are:			
	Joseph G. Mott, Jr.				
		Name			
	1859 Banks Road				
	Florida street addres	ss (P.O. Box <u>NOT</u> a	acceptable)	7	756
	Margate, FL 33063				* 5
	City	State	Zip		
Mariana Laurana da ana ana ana ana ana ana ana ana a			1 10 t. 10 t.0.	23	
			e above stated limited liability red agent and agree to act in t		
place designated in this certif	the provisions of all statutes r	elating to the proper	r and complete performance o	f my duties, and I 🚃	
further agree to comply with t		as registered agent	as provided for in Chapter 60	5, F.S	ر ر د ده
further agree to comply with t	he obligations of my position	no regioneren ugent			
further agree to comply with t	he obligations of my position	/ / /	11-12-5		
place designated in this certif further agree to comply with t am familiar with and accept t	XXase	ph 9. 1	Note J.	Ĭ.	• ";
further agree to comply with t	XXase	ered Agentis Signat	Moth ture (REQUIRED)	7	
further agree to comply with t	XXase	ph 9. 1	Moth ture (REQUIRED).	77	; '

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Michael Chan	
	2355 Dover	
	Weston, FL 33326	
AMBR	William McMacken	
	2355 Dover	
	Weston, FL 33326	
<u></u>		
		-
(Use attachment if necessary)		
	(OPTIONAL)	
TICLE V: Effective date, if other than the date of filing	(OPTIONAL)	days often
TICLE V: Effective date, if other than the date of filing an effective date is listed, the date must be specific an	: (OPTIONAL) ad cannot be more than five business days prior to or 90	days after
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TICLE V: Effective date, if other than the date of filing an effective date is listed, the date must be specific an date of filing.) te: If the date inserted in this block does not meet the document's effective date on the Department of State' TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in account of the content	ad cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not s records.	ాడు t be listed a

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)

ARTICLE IV-

Michael Chan