Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001457183)))



H170001457183ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FASTKIT CORP Account Number : 120100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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

Rmail Address:

FLORIDA LIMITED LIABILITY CO.

VMBA, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

17 HAY 30 AH 8: 16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

i

1

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY	COMPANI
ARTICLE I - Name: The name of the Limited Liability Comp	pany is:	
,	VMBA, LLC	
(Must end with the words "Limited Liability Compa	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	, e principal office of the Limited Liability (Company is:
Principal Office Address:	Mailing Address:	
6000 SW 123rd Ave	6000 SW 123 rd Ave	
Miami, FL 33183	Miami, FL 33183	· *
ARTICLE III - Registered Agent, Reg (The Limited Liability Company connot serve as its ow business entity with an active Florida registration.)	istered Office, & Registered Agent's on Registered Agent. You must designate an individu	: Signature: ual or another
The name and the Florida street address J.	of the registered agent are: esus A. Berrio	
	Name	
Florida Street add	00 SW 123 rd Ave iress (P.O. Box <u>NOT</u> acceptable)	
·	1lami, FL 33183	
Ci	ty, State, and Zip	
Having been named as registered agent and to liability company at the place designated in the agent and agree to act in this capacity. I furthe to the proper and complete performance of my my position as registered agent as provided for	er entificate. I hereby accept the appointment agree to comply with the provisions of all is duties, and I am familiar with and accept the r in Chapter 605 P.S	nt as registered staunes relating
Registered As	ont a Signature (REQUIRED)	FI 17 HAY 31 DECRETAR ALLAHASS
(0	CONTINUED)	SS 20 €
	Page 1 of 2	AM 8: 16 OF STATE E, FLORIDA

Title:	Name and Address:
'MGR" = Manager	
'MGRM" - Managing N	Member
MOR	Jesus A. Berrio
<u> </u>	6000 SW 123rd Ave
	Miami, FL 33183
	
	
	·
•	
(Use attachment if t	nccessary)
ARTICLE V: Effective	date, if other than the date of filing: 05/25/2017 (OPTIONAL)
The effective date: 1) can	not be prior to nor more than 90 days after the date this document is filed
	at of State-AND) must be the same as the effective date listed in the
mached Certificate of Cor	nversion if an effective-date listed therein.)
BEQUIRED SIGNATU	IDE.
√	
X	
Signature	of a member of an authorized representative of a member.
In accordance with section 60;	5,0203 Florida Statutes, the execution of this document constitutes an affirmation
inder the Denaltics of perjury th	not the facts stated herein are true. I am aware that any false information submitted in a State constitutes a third degree felony as provided for in s.817.155, F.S.)
seeming to the pelsonieur or	where commissions a differ reflection was broaded for its 2'011' [12' L'2')
	Jesus A. Berrio
	Typed or printed name of signer

Page 2 of 2

1