LAZARUS 01/05 03/19/2 **44**R SIR bt d 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. (((H170003116393))) H170003116393A8C+ 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 : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 12090000019 Phone : (305)552-5973 : (305)675-5944 Fax Nümber **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. VILASSAR INVESTMENTS LLC ĽC. -i, 1 Certificate of Status Ô Cerpified Copy 10 12 110N 29 03 Page Count \$130.00 Estimated Charge çç ----Help Corporate Filing Mehu Electronic Filing Menu D O'KEEFE NOV 3 0 2017

03/19/2013 01:47 3052201440 LAZARUS PAGE 02/05 11/29/2017 11:35:25 AM PAGE 1/001 Fax Server 850-617-6391 🦈 . . 80 -November 29, 2017 FLORIDA DEPARTMENT OF STATE LAZARUS CORPORATE FILING SERVICE, INC 1 SUBJECT: VILASSAR INVESTMENTS LLC REF: W17000094506 We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved. If you have any further questions concerning your document, please call (850) 245-6052. FAX Aud. #: H17000311639 Carlos E Rico Letter Number: 817A00024041 Regulatory Specialist II New Filing Section P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION OF VILASSAR INVESTMENTS LLC

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ARTICLE I - NAME

The name of the Limited Liability Company is Vilassar Investments LLC (hereinafter referred to as the "Limited Liability Company").

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ARTICLE II - PRINCIPAL OFFICE

The initial address of the principal office of this Limited Liability Company is 10550 NW 64th Terrace, Doral, FL 33178.

ARTICLE III - PRINCIPAL MAILING ADDRESS

The initial mailing address of this Limited Liability Company shall be 10550 NW 64th Terrace, Doral, FL 33178

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	ARTICLE IV - DURATION	 	
This Limited Light	ility Company shall have perpetual existence.	: -	• •
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	ARTICLE V - PURPOSE	-	<u></u>

The primary purpose of this Limited Liability Company is to engage in any activity or business permitted under the laws of the United States and of the state of Florida.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

LAZARUS

The name of the initial registered agent of this Limited Liability Company is Rosa Maria Santengini Rivero, 10550 NW 64th Terrace, Dotal, FL 33178, upon

whom process in any action or proceeding against this Limited Liability Company may be

served.

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ARTICLE VII -MANAGING MEMBER

This Limited Lizhility Company shall have the following Members as follows:

NAME

TITLE

ADDRESS

Rosa Maria Santeugini Rivero,

3052201440

Managing Member

10550 NW 64th Terrace, Doral, FL 33178

In order to organize this Limited Liability Company and in order to effectuate the governance in accordance with these Articles of Organization, the undersigned Managing Member acknowledges the above provisions with their respective signature:

Managing Member/ Rosa Maria Santeugini Rivero.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true). .

LAZARUS

WRITTEN ACKNOWLEDGEMENT OF REGISTERED AGENT

L Rosa Maria Santengini Rivero, 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, 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 608,

Florida Statutes

Registered Agent: