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Certified Copies	Cartificates	of Status
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Special Instructions to Filing Officer:		

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: VICTA CONTRACTION Name of Limited 1	JOSERVICES "LLC."	
The enclosed Articles of Organization and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter to	the following:	
TAD JOHN PR	PNCE VIC ne of Person	
VICTA CONTRACT	NG SERVICES "LLC."	
730 High	INE DR.	
PANAMA CIT.	Address y F1. 32404	
TADUELE GMAI	L.Com	
E-mail address: (to be used for fu	ture annual report notification)	
For further information concerning this matter, please call:		
AD John PRACEVIC at 900	4,403-9324	
Name of Person Area Co	de Daytime Telephone Number	
Enclosed is a check for the following amount:		
Certificate of Status	155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	Street Address	
New Filing Section Division of Corporations	New Filing Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VICTA CONTRACTING SERVICES "LLC." (Must contain the words "Limited Lability 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:

Mailing Address:

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:

TAD JOHN PRANCEVIC

730 highline pr.

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

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..

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"MGR" = Authorized Member "MGR" = Manager	TAD JOHN FRANCEVIC 730 HIGHINE Pr. PANAMA CITY F1. 32404
(Use attachment if necessary)	F-R 19-2019
(If an effective date is listed, the date must be speci the date of filing.)	filing: FEB 19-2019. (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after at the applicable statutory filing requirements, this date will not be listed a State's records.
ARTICLE VI: Other provisions, if any.	
Signature of a mem This document is executed	Der or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.

TAD PRANCE VIC

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)

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