



**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.**

(((H19000350745 3)))



H190003507453ABC1

**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 : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

19 DEC -4 AM 11:51  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**\*\*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.  
VICENT & VINICIO LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:** Effective Date 01/01/20  
The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")*

Vicent & Vinicio LLC

**ARTICLE II - Address:**  
The mailing address and street address of the principal office of the Limited Liability Company is:

9217 Sw 227 St #7 Cutler Bay FL  
33190

**ARTICLE III - Registered Agent, Registered Office:**  
The name and the Florida street address of the registered agent are: *(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.)*

Vicent Hurtado Ana Carolina  
9217 Sw 227 St #7  
Cutler Bay FL 33190

**ARTICLE IV-**  
The name and title of each person authorized to manage and control the Limited Liability Company:

Vicent Hurtado Ana Carolina (AMBIZ)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Signatures:**

*Ana Vicente*

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

*Ana Vicente*

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

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..

*Ana Vicente*

\_\_\_\_\_  
**Registered Agent's Signature (REQUIRED)**