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.

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Doing so will generate another cover sheet.	À H	) <u>30</u> (	7
To:	SAL	<u></u>	ī
Division of Corporations Fax Number : (850)617-6381			[]
From:	7. 7.	<del></del>	
Account Name : LAZARUS CORPORATE FILING SERVICE, INI.	:	ည	

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email	Address:	
	<del></del>	

## FLORIDA LIMITED LIABILITY CO. VITAL SOCIAL SERVICE, LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  **EFFECTIVE 01-01-202() ARTICLE I- Name: The name of the Limited Liability Company is:	<u>ن</u>
Vital Social SERVICE, 1-1	LC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Company is:	l Liability
_ 6039 Collins AUE Apt 15 Miami Beach, FL 33140	03
Miami Beach, FL 33140	<del>.</del>
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Lim Company cannot serve as its own Registered Agent. You must designate an individual or another busine with an active Florida registration.)  Quintin ValiEN +E	nited Liability iss entity
6039 Collins AUE Apt 1503	
Miami Beach, FL 33140	
ARTICLE IV  The name and title of each person authorized to manage and control the Liability Company: (MGR or AMBR)  QUINTIN ValiENTE (A	

## Required Signatures:

3052201440

Signature of a member or an authorized representative of a member
accordance with section 605 0200 (a) (b) m

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.3.

DUINTIN VALIENT
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 herely 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 agen: as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)