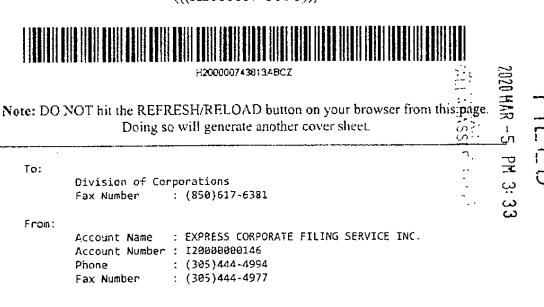
3/5/2020

Florda parment of Sale 25 Florda parment of Sale 25 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.

(((H200000743813)))



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-VOS CONTRACTOR LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

Mailing Address:

•			ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICL			
The name	:010	ne i	imited Liability Company is:

VOS CONTRACTOR LLC

(Must conatin the words "Limited Liability 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:

230 E 19 ST			
HIALEAH, FL 3301	Ů	SA	ME
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its own	n Registered Agent	ent's Signature: . You must designate an individua
The name and the Florida street	address of the registere	d agent arc:	
	SALVADOR BRAY	/O	
		Name	
	230 E 19 ST		
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)
	HIALEAH	FL	33010
	City	State	Zip

llaving 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. Thereby 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	Name and Address:
"AMBR" = Authorized Mem "MGR" = Manager	
AMBR	SALVADOR BRAVO
	230 E 19 ST HAILEAH, FL 33010
AMBR	OLDANIA BRAVO 230 E 19 ST
	HIALEAH, FL 33010
(Use attachment if necessary)	
CTICLE V. Effective date, if other th	nan the date of filing:
an effective date is listed, the date	must be specific and cannot be more than five business days prior to or 90 days after
an effective date is listed, the date addeduced at a date of filing.)	must be specific and caunot be more than five business days prior to or 90 days after
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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)