8/5/2020



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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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number

: (845)818-3588

nter 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.

Victorem Real Estate LLC

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

J. FASON

AUG 0 7 2020

Electronic Filing Menu

Corporate Filing Menu

Help

ARBICLESCHORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Victorem Real Estate LLC	
(Must end with the words "Limited Li-	ability Company, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2875 S Orange Avenue	2875 S Orange Avenue

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:

Orlando, FL 32806

Luis Hoxha		
	Nane	
2875 S Orange Ave	nue	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
Orlando	FL	32806
Cly	State	Zip

Orlando, FL 32806

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..

Luis Hoxha

Registered Agent's Signature (अस्ट्राज्यस)

(CONINCED)

Pagelof2

2020 AUG -6 AHTT: 40

ARTICLE IV-

"AMBR" = A	Name and Address:	
	uthorized Member	
"MGR" = Ma		
MGR	Zekri Picari	
	730 Spring Valley Rd	
	Maywood, NJ 07607	
AMBR	<u>Luis Hoxha</u>	
	2875 S Orange Avenue	
	Orlando, FL 32806	<u></u>
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