

9/22/2020

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 Division of Corporations  
 Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

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**FLORIDA LIMITED LIABILITY CO.**  
**VDA Platinum Glass & Service LLC**

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

20 SEP 22 14:35:33

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D. O'KEEFE

SEP 23 2021

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

VDA Platinum Glass & Service LLC

(Must end with 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:**10210 SWEET BAY STREET  
PLANTATION, FL 33324**Mailing Address:**10210 SWEET BAY STREET  
PLANTATION, FL 33324**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:

IVAN JOSE AVILA

Name

10210 SWEET BAY STREET

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

PLANTATION

FL

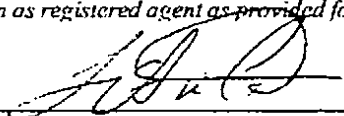
33324

City

State

Zip

*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..*

  
 Registered Agent's Signature (REQUIRED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" -- Authorized Member

"MGR" = Manager

MGR**Name and Address:**IVAN JOSE AVILA10210 SWEET BAY STREETPLANTATION, FL 33324MGRLUIZ EDUARDO OLIVEIRA7350 NW 38th PLACECORAL SPRINGS, FL 33065  
  
  
  

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.  
**REQUIRED SIGNATURE:****Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

IVAN JOSE AVILA

Typed or printed name of signer

**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)**