

L20000380048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

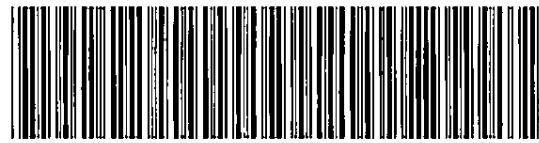
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100355821461

12/14/20--01001--002 \*\*125.00

NON PRO...  
SECRETARY OF STATE  
TALLAHASSEE, FL

2020 DEC 11 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

\_\_\_\_\_  
(OFFICE USE ONLY)

**Business Name & Document Number, (if known):**

1. Victoria ECommerce, LLC  
Name Document Number (if known)

Walk in  Will wait

Certified Copy of the Articles of Organization

Certificate of Status

**NEW FILINGS**

Profit

Not for Profit

Limited Liability

Domestication

INC

OTHER

**AMENDMENTS**

Amendment

Resignation of R.A. Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Conversion

Merger

**OTHER FILINGS**

Annual Report

Fictitious Name

Statement of Authority

APOSTIL () \_\_\_\_\_  
COUNTRY

**REGISTRATION/QUALIFICATIONS**

Foreign

Limited Partnership

Reinstatement

Trademark

Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Victoria ECommerce, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina Y. Williams  
Name of Person

JMC Business Solutions, LLC  
Firm/Company

2893 W Sunrise Boulevard  
Address

Fort Lauderdale, FL 33311  
City/State and Zip Code

jmcelsvs@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Y. Williams      954      791-1701  
Name of Person      at (Area Code)      Daytime Telephone Number

Enclosed is a check for the following amount.

- \$125.00 Filing Fee       \$130.00 Filing Fee & Certificate of Status       \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2020 DEC 11 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

Victoria ECommerce, LLC

(Must contain 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:

Mailing Address:

9110 SOUTHWEST 49TH STREET  
Cooper City  
Florida 33328 - 3509

9110 Southwest 49th Street  
Cooper City  
Florida 33328 - 3509

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.)

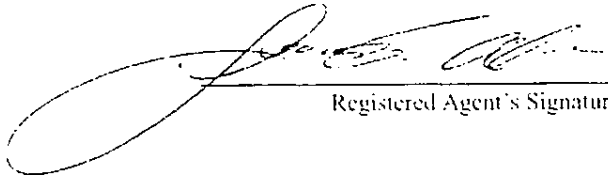
The name and the Florida street address of the registered agent are:

Leocadio Alba, Sr.  
Name

9110 Southwest 49th Street  
Florida street address (P.O. Box **NOT** acceptable)

Cooper City                      Florida                      33328-3509  
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)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Leocadio Alba, Sr.  
9110 SOUTHWEST 49TH STREET  
Cooper City, FL 33328-3509

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 DEC 11 AM 11:05

FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12/10/2020, (OPTIONAL)

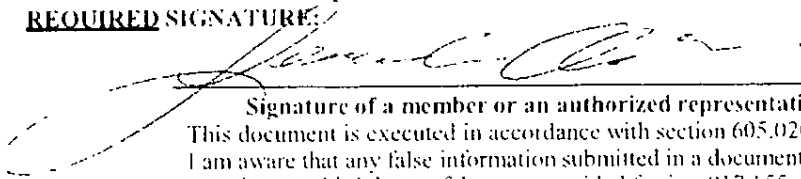
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Business has been established for any and all lawful business purposes.

**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

Leocadio Alba, Sr.

Typed or printed name of signee

**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)