

**L21000024004**

Division of Corporations  
Florida Department of State  
Dispute Resolution  
Filing Cover Sheet

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

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**FLORIDA LIMITED LIABILITY CO.  
VICA Realty Group LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**JAN 27, 2021  
T. SCOTT**

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1/26/2021 7:51:10 AM PAGE 1/001 Fax Server



January 26, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
(2nd fax)

VICA REALTY GROUP LLC

SUBJECT: VICA REALTY GROUP LLC  
REF: W21000007230

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please complete article IV (NAME OF MGR).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Senior Section Administrator

FAX Aud. #: B21000030565  
Letter Number: 121A00001631

P.O BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**VICA Realty Group 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:**

**333 S.E. 2<sup>nd</sup> Avenue  
20<sup>th</sup> Floor – Suite 2062  
Miami, FL 33131**

**Mailing Address:**

**333 S.E. 2<sup>nd</sup> Avenue  
20<sup>th</sup> Floor – Suite 2062  
Miami, FL 33131**

2021 JAN 26 PM 12:42  
FALCONER, J. L.

**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:

**BEHZAD CESAR RAVAN, CPA**

**Name**

**444 BRICKELL AVENUE, SUITE 428**

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

**MIAMI, FLORIDA 33131**

**City, State and 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)**

**ARTICLE IV-** The name and address of each person authorized to manage and control the Limited Liability Company;

**Name, address and title:**

Jose Armando Campos  
333 S.E. 2<sup>nd</sup> Avenue  
20<sup>th</sup> Floor – Suite 2062  
Miami, FL 33131

**ARTICLE V:** Effective date, if other than the date of filing: 1/20/2021 . (OPTIONAL)

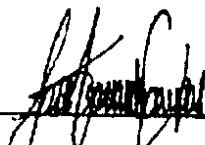
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

N/A

**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.

Jose Armando Campos

Typed or printed name of signee