Division of Corporations Electronic Filing Cover Sheet

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(((H210001697913)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)444-4977

\*\*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. VPLANTS LLC

Certificate of Status 0 Certified Copy Page Count 03 Estimated Charge \$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

From: Yanet Avila

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
VPLANTS LLC	
(Must contain the words "Limited Liabi	lity Company, "E.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 Addenos
Principal Office Address:	Mailing Address:
Principal Office Address:	Mailing Address:
	Mailing Address: SAME

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:

EXPRESS CORPOR	RATE FILING SER	VICE, INC.
	Name	
12905 SW 42 ST ST	TE 210	
Florida street addres	is (P.O. Box <u>NOT</u> a	cceptable)
MIAMI	FL	33175
City	State	Zio

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 negligered agent as provided for in Chapter 605, F.S..

gistered Agent's Signature (REQUIRED)

(CONTINUED)

'the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.	Title: "AMBR" = Authorized Member "MGR" = Manager	Same and Address:
(Use attachment if necessary)  LEV: Effective date, if other than the date of filing:  cetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.  EVI: Other provisions, if any.  RECURRED 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.	AMBR	VALENTINA PAEZ CARDONA
(Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  of filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.  E.VI: Other provisions, if any.  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.		12905 SW 42 ST STE 210
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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)