L21000190411

(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



000362891480

03/29/21--01017--011 ++155.00

COVER LETTER

	ew Filing Sec ivision of Col							
CUDIFCT		SULTING LLC						
SUBJECT	Name of Limited Liability Company							
The enclos	ed Articles of	Organization and fee(s) are submitte	ed for filing.				
Please retu	rn all correspo	ondence concerning the	s matter to the	following:				
	Vanessa Tho	omas						
	Name of Person							
	Firm/Company							
	3815 NW 165th Street							
	Address							
	Miami Gardens, FL 33054							
	tvthomas99@	aol.com	City/State a	and Zip Code				
•		E-mail address: (to be	used for future	annual report notificat	ion)			
For further i	nformation co	ncerning this matter, p	lease call:					
	at (786	380-7326	_			
				Daytime Telephor	ne Number			
Enclosed is	s a check for t	he following amount:						
□\$125.00	Filing Fee	□\$130.00 Filing Fo Certificate of Status	e Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
		g Address		Street Address				
		iling Section on of Corporations		New Filing Section Division The Centre of Tallahassee				
	P.O. Box 6327 Tallahassee, Fl. 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liabilit	y Company is:					
VTU CONSULTING						
(Must conta	ain the words "Limited Lia	ability Com	pany, "L.L.C.," or "LLC.")			
ARTICLE II - Address:						
The mailing address and street ac	Idress of the principal offi	ice of the Li	mited Liability Company is:			
Principa	al Office Address:		Mailing Address:			
3815 NW 165TH ST	REET		3815 NW 165TH STREET			
MIAMI GARDENS.			MIAMI GARDENS, FL 33054			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own R	egistered A	gent. You must designate an individual or			
The name and the Florida street a	address of the registered a	gent are;				
	VANESSA THOMAS					
Name						
3815 NW 165TH STREET						
Florida street address (P.O. Box <u>NOT</u> acceptable)						
	MIAMI GARDENS	FI.	33054			
	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:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
PRESIDENT	VANESSA THOMAS 3815 NW 165TH STREET
	MIAMI GARDENS, FL 33054
	
	,
(Use attachment if necessary)	
ADTICLE V. Effective data if other than the	ite of filing:
If an effective date is listed, the date must be s	specific and cannot be more than five business days prior to or 90 days after
he date of filing.)	
Note: If the date inserted in this block does no	t meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departmen	nt of State's records.
ADTICLE VI. Other manifeles of the	
ARTICLE VI: Other provisions, if any.	
<u>REOUIRED</u> SIGNATURE:) n(//
Vanes	Un Chanas
Signature of a	member or an authorized representative of a member.
This document is exec	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fa	lse information submitted in a document to the Department of State
constitutes a third deg	ree felony as provided for in s.817.155, F.S.
VANESSA TII	OMAS
77(NESSA 11)	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)