Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

hone : (845)425-0077

Fax Number

: (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: statenotices@vcorpservices.com

FLORIDA LIMITED LIABILITY CO. VIAC Capital 1 LLC

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

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: VIAC Capital 1 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: 8220 Hawthorne Avenue 8220 Hawthorne Avenue Miami Beach, FL 33141 Miami Beach, FL 33141 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: Veorp Services, LLC

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. Thereby 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..

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

State

5011 South State Road 7, Suite 106

City

Davie

Miriam Nachison
Assistant Secretary

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

To: 18506176381

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From: Vcorp Services, LLC

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

<u>Title:</u>	Name and Address:					
	uthorized Member					
"MGR" = Mar	nayer					
MGR/AMBI	R Quentin Viac					
	8220 Hawthorne Avenue					
	Miami Beach, FL 33141	,				
MGR/AMBR	Johanna Viac					
<u> </u>	8220 Hawthorne Avenue					
	Miami Beach, FL 33141					
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(Use attachme	ent if necessary)	•				
ARTICLE V: Effective	e date, if other than the date of filing: (OPTIONAL)					
(If an effective date is li	isted, 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 insert	ted in this block does not meet the applicable statutory filing requirements, this date will not	be listed as				
	re date on the Department of State's records.					
ARTICLE VI: Other pro	ovisions, if any.					
						
prompre (CACALLETINE					
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 his 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.					
	A service a management of the service of the servic					
	Quentin Viac					
	Typed or printed name of signee					