Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**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.

VC 1, LLC

Certificate of Status
Certified Copy
Page Count
Estimated Charge

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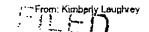
Help

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2021-09-14 14:38:23 CST

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 SEP 14 AM 8: 40 SECRETARY OF STATE TALLAMASSEE, FL

ARTICLE I - Name:
The name of the Limited Liability Company is:

VC 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:	
16047 Collins Avenue, Apt. 3404	16047 Collins Avenue, Apr. 3404	
Sunny Isles Beach, FL 33160	Sunny Isles Beach, FL 33160	

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:

	Nima	
16047 Collins Avenue	. Αpt. 3404	
Florida street address	(P.O. Box <u>NOT</u> ac	ceptable)
Sunny Isles Beach	FL	33160

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 it is expacity. 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 Oppts 605, FS

W Management, LLC

By: /s/ Lior Isaac Amram, its Manager

Registered Agent's Signature (EQ) FED

(CONTINUED)

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From; Kimberly Laughrey

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR	W Management, LLC 16047 Collins Avenue, Apt. 3404	
	Sunny Isles Beach, FL 33160	
		••
(Use attachment if necessary)		
ICLEV: Effective date, if other than t	he date of filing: (OF	PTIONAL)
	t be specific and cannot be more than five business day	
: If the date inserted in this block do	es not meet the applicable statutory filing requirements,	this date will not be li
ocument's effective date on the Depa	rtment of State's records.	
ICLEVI: Other provisions, if any.		
REQUIRED SIGNATURE:		TAL
-		, ,- ,

Filing Fees:

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 in a manage 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.

Lior Isaac Ammam

Typed or printed name of signe

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)