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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6381

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Account Name : C T CORPORATION SYSTEM
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TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.
VC 1, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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
Sunny Isles Beach, FL 3316016047 Collins Avenue, Apt. 3404
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:

W Management, LLCN/A16047 Collins Avenue, Apt. 3404Florida street address (P.O. Box ~~NOT~~ acceptable)

<u>Sunny Isles Beach</u>	<u>FL</u>	<u>33160</u>
<u>City</u>	<u>State</u>	<u>Zip</u>

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 ~~his~~ 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, FS

W Management, LLC

By: /s/ Lior Isaac Amram, its Manager

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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

W Management, LLC

16047 Collins Avenue, Apt. 3404

Sunny Isles Beach, FL 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

REQUIRED SIGNATURE:

/s/ Lior Isaac Amram

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.

Lior Isaac Amram

Typed or printed name of **signe**

SECRETARY OF STATE
TALLAHASSEE, FL

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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)