

L21000420699

Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
VICTOIRE MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VICTOIRE MANAGEMENT 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:

**2237 ANCHOR COURT
FT. LAUDERDALE, FL 33312**

Mailing Address:

**2237 ANCHOR COURT
FT. LAUDERDALE, FL 33312**

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:

RAVAN AND COMPANY LLP

Name

8360 WEST FLAGLER STREET, SUITE 200

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

MIAMI, FLORIDA 33144

City, State and Zip

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CLERK OF STATE
OF FLORIDA

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)

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

Name, address and title:

DAVID VICTOIRE, MANAGING MEMBER
2237 ANCHOR COURT
FT. LAUDERDALE, FL 33312

ARTICLE V: Effective date, if other than the date of filing: 9/24/2021. (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.

N/A

REQUIRED SIGNATURE:

X 

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.

David Victoire

Typed or printed name of signee