

L22000057861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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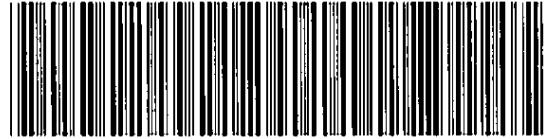
(Business Entity Name)

(Document Number)

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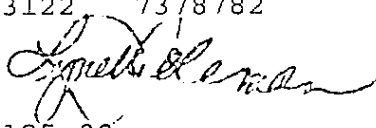
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TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 473122 7378782

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : February 13, 2022

ORDER TIME : 10:23 AM

ORDER NO. : 473122-005

CUSTOMER NO: 7378782

DOMESTIC FILING

NAME: ADDISON VIERA INVESTMENT
PARTNERS, LLC

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
ADDISON VIERA INVESTMENT PARTNERS, LLC**

ARTICLE I - Name:

The name of the limited liability company is **ADDISON VIERA INVESTMENT PARTNERS, LLC** (the "Company").

ARTICLE II - Address:

The mailing address and the principal address of the Company is **265 N. Joy Street, Suite 200, Corona, CA 92879**.

ARTICLE III – Existence and Duration:

The Company shall commence its existence on the date that these Articles of Organization are filed with the Department of State, and its duration shall be perpetual unless sooner dissolved by law.

ARTICLE IV - Management:

The Company is a manager-managed limited liability company. The name and Florida street address of the initial manager of the Company is:

**Thomas A. Day
434 Luna Bella Lane #113
New Smyrna Beach, FL 32168**

ARTICLE V – Registered Agent

The name and Florida street address of the initial registered agent of the Company is:

**Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301**

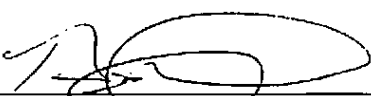
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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, Florida Statutes.


Assistant Vice President

_____, Registered Agent

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TALLAHASSEE, FL

REQUIRED SIGNATURE:



Thomas A. Day, Authorized Representative

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 section 817.155, Florida Statutes.)