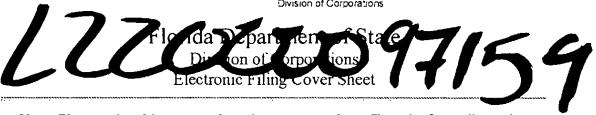
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KCO SERVICES, LLC

Account Number : I20200000018

Phone : (954)744-6605

Fax Number : (833)648-2730

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

FLORIDA LIMITED LIABILITY CO. VIO GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
VIO GROUP LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
(Must contain the words "Limited Liabi ARTICLE II - Address: The mailing address and street address of the principal office Principal Office Address:	
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

KCO SERVICES I	LLC		
Name			
7717 PADDOCK I	PL		
Florida street addr	ess (P.O. Box <u>NOT</u> ac	cceptable)	
DAVIE	FL	33328	
City	State	Zip	

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)

(CONTINUED)

FILED
202 MAR-9 PM 2:27
PALLAHASSEE FLORIDA

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager FL MANAGEMENT & PROPERTIES SERVICE INC MGR 9550 NW 12TH ST UNIT 14B DORAL, FL 33172 (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. ANY AND ALL LAWFUL BUSINESS 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 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. LUIS F OROZCO JR

Filing Fees:

Typed or printed name of signec

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

