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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ABALLI MILNE KALIL, P.A.

Account Number : 073123001732 : (305)372-5933 Phone Fax Number : (305)373-7929

\*\*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. VICE CITY THERAPY LLC

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## ARTICLES OF ORGANIZATION

OF

### VICE CITY THERAPY LLC

a Florida Limited Liability Company

# ARTICLE I NAME

The name of the limited liability company (the "company") shall be VICE CITY THERAPY LLC.

# ARTICLE II ADDRESS

One SE Third Ave. Suite 2250 Miami, FL 33131

# 2022 APR -4 AH 8: 58 JEGNETARY OF STAIR LANASSEE FLORING

# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

AMKE REGISTERED AGENTS, L.L.C. One S.E. Third Avenue, Suite 2250 Miami, Florida 33131

Having been named as registered agent 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

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# H220001219903

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

AMKE REGISTERED AGENTS, L.L.C.

# ARTICLE IV MANAGEMENT

The name and address of each person authorized to manage the Limited Liability Company:

Nikolas Jose Crocker

11401 SW 49 Place

Davie, FL 33330

Manager

Gustavo Diaz

3370 SW 64 Avenue

Miami, FL 33155

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization this 4th day of April, 2022.

AMKE Registered Agents, L.L.C.

Florida Bar # 653349