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|       |                          | : (850)617-6381   |
| From: |                          |                   |
|       | Account Name             | : HOMSI LAW, P.A. |
|       | Account Number           | : 120190000004    |
|       | Phone                    | : (407)377-5507   |
|       | Fax Number               | : (407)377-5967   |

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Email Address: WILLiam @ Homes Law. com



| FLORIDA LIMITED LIABILITY CO. |
|-------------------------------|
| VANQUISH ACQUISITIONS, LLC    |

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



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### **ARTICLES OF ORGANIZATION**

## FOR

# VANQUISH ACQUISITIONS, LLC

#### ARTICLE I

The name of the Limited Liability Company is:

VANQUISH ACQUISITIONS, LLC

### ARTICLE II

The street address of the principal office of the Limited Liability Company is:

867 BOYLSTON STREET, SUITE 500, UNIT 411 BOSTON, MASSACHUSETTS 02116

The mailing address of the Limited Liability Company is:

867 BOYLSTON STREET, SUITE 500, UNIT 411 BOSTON, MASSACHUSETTS 02116

#### ARTICLE III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSE.

#### ARTICLE IV

The Articles of Organization shall be effective immediately when filed with the Secretary of State of Florida.

HOMSI LAW, P.A.

Mailing Address 8815 Conroy-Windermere Road, #402 Orlando, Florida 32835 (407) 377-5507 www.HomslLaw.com

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#### ARTICLE V

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

HOMSI LAW, P.A. 8815 CONROY-WINDERMERE ROAD #402 ORLANDO, FLORIDA 32835

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.

Signature of Registered Agent:

William M. Hornsi, President

The Members hereby delegate the management of the LLC to Manager(s). The name and address of persons(s) authorized to manage the LLC:

Operating Manager: AHMAD CHALABI

Address of the Managers and Officers being the same as the Principal Address of the LLC.

Signature of an Authorized Representative:

William M. Homsi, Esq.

I am an authorized representative of the members submitting these Articles of Organization and affirm that the facts stated herein arc true. I am aware that 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. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain active status.



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