

4/25/22, 5:15 PM

Division of Corporations

## Florida Department of State

Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : ADRIAN TAX SERVICES INC.  
Account Number : I20220000042  
Phone : (786)370-2432  
Fax Number : (305)266-5758

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

Email Address: vigovigocpa@aol.com

**FLORIDA LIMITED LIABILITY CO.**  
**VIENA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ALMASSER, FLORENCE

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

VIENA 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:5805 BLUE LAGOON DR  
STE. 300  
MIAMI, FL 33126Mailing Address:5335 NW 87TH AVE  
STE C109, #315  
DORAL, FL 33178

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

JOSE Y. OLIVERA

Name

5335 NW 87TH AVE STE C109, #315Florida street address (P.O. Box **NOT** acceptable)DORAL

City

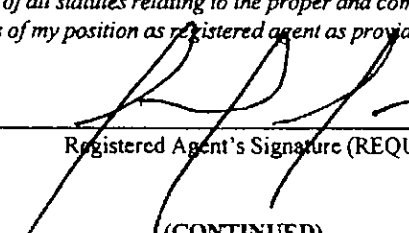
FL

State

33178

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)

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MIAMI, FL 33101

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**AMBRJOSE Y. OLIVERA5335 NW 87TH AVE STE C109, #315DORAL, FL 33178AMBRMAURICIO F. ACOSTA5335 NW 87TH AVE STE C109, #315DORAL, FL 33178

(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.**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.JOSE Y. OLIVERA

Typed or printed name of signee

**FILED**  
 2021 APR 26 PM 7:39  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FL 32310

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