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	PICE	K UP:	4/26 DA	NNY	
XX	CERTIFIED COPY PHOTOCOPY CUS				 
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	VAC1954 LLC (CORPORATE NAME AND DOCUM	MENT #)			 
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PECIAL NSTRUC	CTIONS:				

## COVER LETTER

TO:	New Filing Sec Division of Co					
SURIF	VAC1954 CT:					
SOBJE	C1		imited Liabil	ity Company		
The enc	losed Articles of	Organization and fee(s)	are submitted	for filing.		
Please r	eturn all corresp	ondence concerning this	matter to the	following:		
	GIGI MOLO	СНО				
		-	Name of	Person		
	ORB CPA F	'A				
			Firm/Co	піралу		
	1000 S STA	TE RD 7				
			Addr	ess	·	
	PLANTATI	ON FL 33317				
	ELI@PMBSI		City/State an	d Zip Code		
		E-mail address: (to be use	ed for future a	annual report notificat	ion)	
For furthe	r information co	neerning this matter, plea	ase call:	·	•	
	ELI		305	8303000		
	Nam			Daytime Telephon	e Number	
Enclosed	d is a check for t	he following amount:				
		□S130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		g Address		Street Address	estare :	
	Divisi	iling Section on of Corporations		New Filing Section Division The Centre of Tallahassee		
		ox 6327 assec, FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230		

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

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The name of the Limited Liability Company is:

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VAC1954 LLC	S	Electrical Control of the	. 1
VAC1954 LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "I	LLCID	MELAHASSEE. FL	7

### ARTICLE II - Address:

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

618 NE 191 ST
MIAMI FL.33179
ered Agent's Signature:

ARTICLE III - Registered Agent, Registered Office, & 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:

ELIRAN		
	Name	
3101 S OCEAN DRI	VE APT 2407	
Florida street address	s (P.O. Box <u>NOT</u> ac	eceptable)
HOLLYWOOD	FL	33019
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..

Registred Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	ELI RAN 3101 S OCEAN DRIVE APT 2407
	HÖLLYWOOD FL 33019
<u>AMBR</u>	DOV GRUSHKA 18051 BISCAYNE BLVD APT 1802 AVENTURA FL 33160
	PR
	THE DE COMME
(Use attachment if necessary)	
APTICLE V. Efficative date if other than the day	e of filing:
(If an effective date is listed, the date must be s	pecific 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 Departmen	t of State's records.
ARTICLE VI: Other provisions, if any.	
<u> </u>	
REQUIRED SIGNATURE:	
Signature of a	nember or an authorized representative of a member.
This document is exect I am aware that any fals	ated in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
<u>ELI RAN</u>	•
130 130 141	Typed or printed name of signee

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)