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FLORIDA LIMITED LIABILITY CO. MILLENNIUM VIP MULTI SERVICE LLC

Certificate of Status	1
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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, LLC," at LLC?

Millennium VIP Multi Service LLC

ARTICLE II - Address:

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

20353 NW 36th Ave Miami Gardens,Fl 33056

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company connot serve as its own Registered Agent. You must designate an individual or another by siness entity with an active Florida registration.)

Gildson Mercado Vasquez 20353 NW 36th Ave Miami Gardens,Fl 33056

ARTICLE IV-

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

Gildson Mercado Vasquez (AMBR)

2022 MAY 27 PM 3: 30

Required Signatures:

gulfu

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Gildson Mercado Vasquez

Typed or printed name of signec

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)

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