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**FLORIDA LIMITED LIABILITY CO.
VL E-COMMERCE LLC**

Certificate of Status	1
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**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" or "LLC")*

VL E-commerce LLC

ARTICLE II- Address:

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

16835 Sw 49th Ct

Miramar, FL 33027

ARTICLE III- Registered Agent, Registered Office:

The name and the Florida street address of the registered agent and: *(The LLC's initial liability company cannot serve as its registered agent. You must designate an individual or another business entity with an active Florida registration.)*

Lafalce, Vincenzo Antonio

16835 Sw 49th Ct

Miramar, FL 33027

ARTICLE IV-

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

Lafalce, Vincenzo Antonio - MGR

16835 Sw 49th Ct

Miramar, FL 33027

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Required Signatures:Vincenzo Antonio Lafaioti**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.

Lafaioti, Vincenzo Antonio**Typed or printed name of signer**

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.

Vincenzo Antonio Lafaioti**Registered Agent's Signature (REQUIRED)**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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