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Office Use Only



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S. CHATHAM

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Vitmor Land LLC | | | | | |
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COVER LETTER

| | ew Filing Section vision of Corporations | | | |
|----------------|---|------------------|--|-------------|
| CUBICT | Vitmor Land LLC | | | |
| SUBJECT | Name of I | imited Liabili | ty Company | |
| The enclose | ed Articles of Organization and fee(s) | are submitted | for filing. | |
| Please retu | n all correspondence concerning this | matter to the f | ollowing: | |
| | Mimi Bared | | | 22 1 |
| | _ | Name of | Person | AUG 2 |
| | Bared and Associates, PA | | | 22 F |
| | | Firm/Co | прапу | ·6 Hd |
| | 201 Alhambra Circle, Suite 501 | | | 00 |
| | | Addro | ess | _ |
| | Coral Gables, FL 33134 | | | |
| | mimi@baredlaw.com | City/State an | d Zip Code | - |
| - | | sed for future a | nnual report notification) | |
| For further in | nformation concerning this matter, ple | ase call: | | |
| | Mimi Bared | 305 | 666-6010 | |
| | Name of Person | | Daytime Telephone Number | |
| Enclosed is | a check for the following amount: | | | |
| \$125.00 Fi | - | └──JCertifi | 0 Filing Fee & S160.00 Filing Fee. ed Copy Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | , | | |
|---|--|---|---|
| Vitmor Land LLC | ontain the words "Limited | Linkility Company | "LLC "or "LLC") |
| (AVIUSI C | ontain the words Trainted | madinty Company. | TARKET, OF TARKET |
| ARTICLE II - Address: | | | |
| The mailing address and stree | et address of the principal o | office of the Limited | Liability Company is: |
| Prin | cipal Office Address: | | Mailing Address: |
| 1110 | Cipal Conice Address. | | |
| 201 Alhambra Ci | rala | | |
| | icic | | |
| Suite 501 | | | |
| Suite 501 Miami, FL 33134 ARTICLE III - Registered (The Limited Liability Comp | Agent, Registered Office, any cannot serve as its own | Registered Agent. \ | nt's Signature: You must designate an individual o |
| Suite 501 Miami, FL 33134 ARTICLE III - Registered (The Limited Liability Companother business entity with | Agent, Registered Office, any cannot serve as its own an active Florida registration | Registered Agent. \on.) | |
| Suite 501 Miami, FL 33134 ARTICLE III - Registered (The Limited Liability Companother business entity with | Agent, Registered Office, any cannot serve as its own an active Florida registration | r Registered Agent. \ on.) d agent are: | |
| Suite 501 Miami, FL 33134 ARTICLE III - Registered (The Limited Liability Companother business entity with | Agent, Registered Office, any cannot serve as its own an active Florida registration address of the registered | r Registered Agent. \ on.) d agent are: | |
| Suite 501 Miami, FL 33134 ARTICLE III - Registered | Agent, Registered Office, any cannot serve as its own an active Florida registration address of the registered | n Registered Agent. Non.) d agent are: Name | |
| Suite 501 Miami, FL 33134 ARTICLE III - Registered (The Limited Liability Companother business entity with | Agent, Registered Office, any cannot serve as its own an active Florida registratio eet address of the registered Pablo R. Bared, Esq | n Registered Agent. Non.) d agent are: Name | You must designate an individual o |
| Suite 501 Miami, FL 33134 ARTICLE III - Registered (The Limited Liability Companother business entity with | Agent, Registered Office, any cannot serve as its own an active Florida registratic eet address of the registered Pablo R. Bared, Esq. 201 Alhambra Circle | n Registered Agent. Non.) d agent are: Name | You must designate an individual o |

the and Ifurther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

> [Pablo R. Bared] Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

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|-----|---|----|------|---|
| | | | | |

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

| <u>Title:</u> "AMBR" = Aut | horized Member | Name and Address: | | |
|----------------------------|-----------------------------------|--|----------|------------|
| "MGR" = Mana | iger | Daniel Winner | | |
| MGR | | Roque Vitanza 201 Alhambra Circle, Suite 501 | | |
| | | Coral Gables, FL 33134 | • | |
| MGR | | Maria Edith Morales | | |
| | | 201 Alhambra Circle, Suite 501 | | |
| | | Coral Gables, FL 33134 | | |
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| (Use attachmen | | | | |
| | date on the Department of State's | oplicable statutory filing requirements, this date will no records. | ot be li | isted |
| REOUIRED S | GNATURE: | | | |
| | [Pablo R. Bured] | | | |
| | This document is executed in acco | an authorized representative of a member, ordance with section 605.0203 (1) (b), Florida Statutes, ion submitted in a document to the Department of State; provided for in s.817.155, F.S. | | 410 |
| | Pablo R. Bared, Esq. | | AU | MOISIAID |
| | Typed o | or printed name of signee | \ \? | , X |
| | F | iling Fees: | \sim | ڊرج دري |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)