

L 22 000 385164

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000308029 3)))



H220003080293ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : RCA ACCOUNTING SERVICES CORP
Account Number : 120180000102
Phone : (305)799-7633
Fax Number : (786)783-3650

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
VESTITO GROUP LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

2022 SEP -7 PM 12:32

2022 SEP -7 PM 12:32

2022 SEP -7 AM 7:15

LED

H220003080293

**Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:
VESTITO GROUP LLC

Article II

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

**8450 NW 102ND AVE APT 415
DORAL, FL 33178**

The mailing address of Limited Liability Company is:

**8450 NW 102ND AVE APT 415
DORAL, FL 33178**

Article III

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS

Article IV

The name and Florida street address of the registered agent is:

**MARITZA GISELA ALOISIO
8450 NW 102ND AVE APT 415
DORAL, FL 33178**

2022 SEP - 7 AM 7:15
STATE OF FLORIDA
CLERK OF COURT
CLERK OF COURT

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.

Registered Agent Signature: Maritza G. Aloisio

Article V

The name and address of person(s) authorized to manager LLC:

Title: AMBR
MARITZA GISELA ALOISIO
8450 NW 102ND AVE APT 415
DORAL, FL 33178

Article VI

The effective date for this Limited Liability Company shall be:
September 7, 2022

Signature of member or an authorized representative

Maritza G. Aloisio

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED
2022 SEP -7 AM 7:15
CLERK OF STATE
TALLAHASSEE, FL 32309