

L22000474400

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.

((H22000378026 3)))



H220003780263ABC/

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 : MIAMI BUSINESS SOLUTIONS, INC.
Account Number : I20170000045
Phone : (786)546-4490
Fax Number : (800)323-1074

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

Email Address: eduardo@mbstaxes.com

**FLORIDA LIMITED LIABILITY CO.
VPROPONE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2022 NOV -4 PM 12:22

22 NOV -4 PM 12:35
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION
FOR
VPROPONE LLC**

Article I

The name of the Limited Liability Company is:
VPROPONE LLC

Article II

The principal place of business address is:
1208 WINDING CYPRESS CT
KISSIMMEE, FL 34746

The principal mailing address is:
1208 WINDING CYPRESS CT
KISSIMMEE, FL 34746

Article III

The purpose for which this corporation is organized is:
ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
MIAMI BUSINESS SOLUTIONS INC.
1845 E WEST PKWY STE 9
FLEMING ISLAND, FL 32003

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.


EDUARDO MIRALLES

2022/11/04 12:35
FLORIDA DEPARTMENT OF STATE
RECEIVED

Article V

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

Title: MMBR
GIAN CUFFARO
1208 WINDING CYPRESS CT
KISSIMMEE, FL 34746

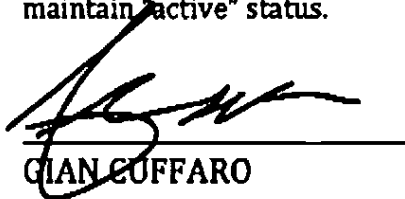
Article VI

The effective date for this corporation shall be:

11/03/2022.

Signature of members and authorized representative

I am the member or authorize 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.


GIAN CUFFARO

22 NOV -4 PM 12:35
FLORIDA DEPARTMENT OF STATE
KISSIMMEE, FL 34746