

L22000525041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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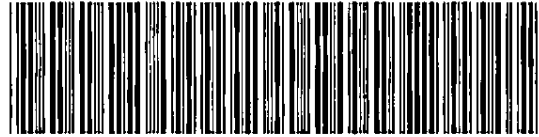
(Business Entity Name)

(Document Number)

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2022 DEC 15 AM 11:39
TALLAHASSEE, FLORIDA

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2022 DEC 15 AM 11:38
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 249460 4364089

AUTHORIZATION : 

COST LIMIT : \$125.00

ORDER DATE : December 14, 2022

ORDER TIME : 8:30 AM

ORDER NO. : 249460-005

CUSTOMER NO: 4364089

DOMESTIC FILING

NAME: VVF SCIENCE, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

VVF Science, LLC

ARTICLE II- Address:

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

Principal Office Address:

6720 Yellowstone Lane
Parkland, FL 33067

Mailing Address:

6720 Yellowstone Lane
Parkland, FL 33067

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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 provided for in Chapter 608, F.S.

Corporation Service Company

By: Alexis Wink Assistant Counselant
Registered Agent's Signature

ARTICLE IV – Manager(s) or Managing Member (s):

The name and address of each Manager or Managing Member is as follows:

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CLERK OF CIRCUIT COURT

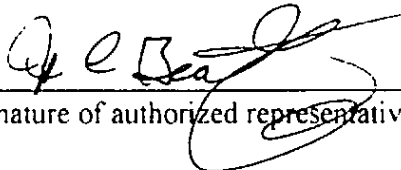
Title:

Managing Member

Name and Address:

Vanessa Figueroa
6720 Yellowstone Lane
Parkland, FL 33067

REQUIRED SIGNATURE:



Signature of authorized representative of a member

(In accordance with section 608.408(3), 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, P.S.)

Harry C. Beatty, Esq.

Typed or printed name of signee

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STATE
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