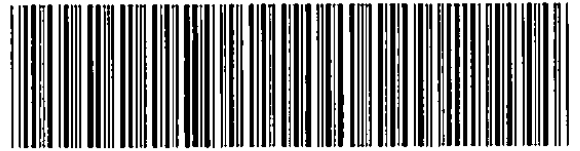


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S. CHATHAM  
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TALLAHASSEE, FL

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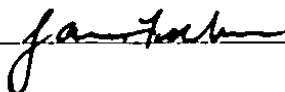
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**NEW FILINGS**

**AMMENDMENTS**

Profit

Not for Profit

Limited Liability

Domestication

Other

**CORP**

**PLLC**

Amendment

Resignation of R.A. Officer/Director

Change of Registered Agent

Revocation of Dissolution

Merger

Conversion

Amended and restated Articles

**Statement of Authority**

**OTHER FILINGS**

**REGISTRATION/QUALIFICATIONS**

Annual Report

Foreign filing

Fictitious Name

Limited Partnership

Reinstatement

APOSTILLE() \_\_\_\_\_

Other

Country

EXAMINER'S INITIALS: \_\_\_\_\_

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AUTHORIZATION SIGNATURE: \_\_\_\_\_ *Jan Felt* \_\_\_\_\_

VAM, LLC

**Business Name**

**Document Number, (if known):**

- Walk in  Pick up time \_\_\_\_\_
- Mail out  Will wait \_\_\_\_\_ Photocopy
- Certified Copy of the Articles of Organization**
- Certificate of Status**

**NEW FILINGS**

**AMMENDMENTS**

- Profit
- Not for Profit
- Limited Liability**
- Domestication
- Other
- CORP**
- PLLC**

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Conversion**
- Amended and restated Articles**
- Statement of Authority**

**OTHER FILINGS**

**REGISTRATION/QUALIFICATIONS**

- Annual Report
- Fictitious Name
- APOSTILLE()** \_\_\_\_\_  
**Country**

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** VAM, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith Diamond  
Name of Person

Keith D. Diamond, P.A.  
Firm/Company

3440 Hollywood Blvd, Suite 415  
Address

Hollywood, Florida 33021  
City/State and Zip Code

Keithdiamond2@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Diamond at (954) 618-1008  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee       \$130.00 Filing Fee & Certificate of Status       \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$160.00 Filing Fee, 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VAM, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

814 Ponce De Leon Blvd

Suite 304

Coral Gables, Florida 33134

P.O. Box 144920

Coral Gables, Florida 33114

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Keith D. Diamond, P.A.

Name

3440 Hollywood Blvd, Suite 415

Florida street address (P.O. Box **NOT** acceptable)

Hollywood

Florid

33021

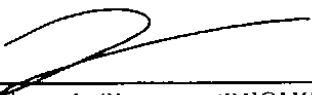
City

State

Zip

2023 FEB -6 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FL  
VAM, LLC

*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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Dr. Victor Pazos  
7100 West 20th Avenue, Suite G-166  
Hialeah, Florida 33016

MGR

Armando Diez  
P.O. Box 144920  
Coral Gables, Florida 33114

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TALLAHASSEE, FL

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

KEITH D. DIAMOND  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)