Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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. VANGARDDILLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			
VANGARDDI LLO				
(Must cor	nain the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal c	office of the Limi	ted Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address	;
16660 REDWOOD WAY WESTON, FL 33326			16660 REDWOOD WAY WESTON, FL 33326	
ARTICLE III - Registered Ap (The Limited Liability Compan another business entity with an	y cannot serve as its own	Registered Age		dual or
The name and the Florida street	address of the registered	i agent are:		
	RAUL ALEXIS GU	ERRERO ORM	474	
	10.10,12.102,110.100	Name	**************************************	
	16660 REDWOOD	WAY		
	Florida street addres		[acceptable)	
	WESTON	fi	33326	
	City	State	Zip	
laving been named as registered place designated in this certificate further agree to comply with the p im familiar with and accept the o	t, I hereby accept the app rovisions of all statutes re bligations of my position	ointment as regis elating to the pro- as registered age trivial futer	tered agent and agree to act in the per and complete performance of	his capacity. T f my duties, and I

(CONTINUED)

Title:	Name and Address:	
"AMBR" – Authorized Member "MGR" = Manager		
**	DATE ALEVIS CHERRENA OR	N1 N 7 N
AMBR	RAUL ALEXIS GUERRERO OR 16660 REDWOOD WAY	LANANA
	WESTON, FL. 33326	
AMBR	MIGUEL A. CORONTIL	
	16660 REDWOOD WAY WESTON, FL. 33326	
	17 34 (1 37 - 37 (1 47 - 27 27 47)	
		
(Use attachment if necessary)		
CLE V: Effective date, if other than the date of	of filing:	. (OPTIONAL)
effective date is listed, the date must be spec	rific and cannot be more than five bu	isiness days prior to or 90 day
ite of filing.) If the date inserted in this block does not m	eet the applicable statutory filing requ	irements, this date will not be l
ocument's effective date on the Department o		
CLE VI: Other provisions, if any.		₹ .
		A C

RAUL ALEXIS GUERRERO ORMAZA

Typed or printed name of signee

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Santies. 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.317.155, F.S.

as

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)