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

(((H230000663513)))



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To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : PEDRO LUZQUINOS Account Number : I20170000042 : (954)655-8413 Fax Number : (954)432-8807

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

Email Address: PLUZQUINOIF@ HOTMAIL.COM

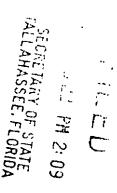
### FLORIDA LIMITED LIABILITY CO.

VP GUARINO LLC

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

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# H230000663513

### COVER LETTER

| SUBJECT            | VP GUARINO LLC   |
|--------------------|--|
| .1000001           | Name of Limited Liability Company  |
| The enclos         | ed Articles of Organization and fee(s) are submitted for filing.   |
| Please retu        | m all correspondence concerning this matter to the following:  |
|                    | GUARINO RAMIREZ, ENZO E.   |
|                    | Name of Person   |
|                    |  |
|                    | Firm/Company   |
|                    | 9936 NW 6TH CT.  |
|                    | Address  |
|                    | PLANTATION, FL 33324   |
|                    | City/State and Zip Code  |
| •                  | V.P.GUARINO@GMAIL.COM  |
|                    | E-mail address: (to be used for future annual report notification)   |
| For further i      | nformation concerning this matter, please call:  |
|                    | PEDRO LUZQUINOS 954 655-8413   |
|                    | Name of Person Area Code Daytime Telephone Number  |
|                    |  |
| Enclosed is        | a check for the following amount:  |
| <b>51</b> 25.00 Fi | ling Fee \$\int_{\text{S130.00 Filing Fee}} \& \int_{\text{S155.00 Filing Fee}} \& \int_{\text{Certified Copy}} \\ \text{(additional copy is enclosed)} \end{align*} \square \text{S160.00 Filing Fee} \& \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{align*} |

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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## H230000663517

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

|    | **** |          |       |     |     |
|----|------|----------|-------|-----|-----|
| AR | и    | . 1 . F. | . 1 - | 1 9 | me: |

The name of the Limited Liability Company is:

VP GUARINO LLC

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

#### ARTICLE II - Address:

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

| rincipal Office Address: | Mailing Address:     |
|--------------------------|----------------------|
| 9936 NW 6TH CT           | 9936 NW 6TH CT       |
| PLANTATION, FL 33324     | PLANTATION, FL 33324 |
|                          | •                    |

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:

Date dead Office 4 and

| GUARINO RAMIRI        | · · · · · · · · · · · · · · · · · · · |            |
|-----------------------|---------------------------------------|------------|
|                       | Name                                  |            |
| 9936 NW 6TH CT        |                                       |            |
| Florida street addres | s (P.O. Box <u>NOT</u> a              | cceptable) |
| PLANTATION            | FL                                    | 33324      |
| City                  | State                                 | Zip        |

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..

(CONTINUED)

Repistered Agent's Signature (REQUIRED)

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### ARTICLE IV-

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

|  | Name and Address: orized Member                   |
|--|---|
| "MGR" = Mana   |   |
| AMBR   | GUARINO RAMIREZ, ENZO E.                          |
|  | 9936 NW 6TH CT                                    |
|  | PLANTATION, FL 33324                              |
| AMBR   | CASTELLANOS CHAVEZ, JONAHT P                      |
| <del></del>  | 9936 NW 6TH CT                                    |
|  | PLANTATION, FL 13324                              |
|  |   |
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|  |   |
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| ATICLE V: Effective of<br>an effective date is list<br>date of filing.)<br>one: If the date inserted<br>document's effective | ate, if other than the date of filing:            |
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| ATICLE V: Effective of an effective date is list date of filing.)  one: If the date inserted document's effective attribute. | ate, if other than the date of filing:            |
| ATICLE V: Effective of an effective date is list date of filing.)  one: If the date inserted document's effective attribute. | ate, if other than the date of filing:            |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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