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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : [20000000019 : (305)552-5973 Fax Number : (305)675-5944

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.

VIDEMO. Certificate of Status 1 Certified Copy θ Page Count 03 Estimated Charge \$130.00

Electronic Filing Menu

Corporate Filing Menu

Help.

A DELOS DE ORGANIZATION E	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name;	
The name of the Limited Liability Comp	pany is:
Videmo, LLC	
(Must end with the words "Limited Line")	
Diffiled Liability Company	y, "Limited Company" or their abbreviation "LLC," or "L.C,")
ARTICLE II - Address:	
The mailing address and street address of	Cthousing to the
o and street address ()	f the principal office of the Limited Liability Company is:
Principal Office Address:	
	Mailing Address:
170 SE 14 Street, Apt 2801	170 SE 14 Street, Apt 2801
Miami, Fl 33131	Miami, FI 33131
ARTICLE III - Registered Agent, Regis	stered Office, & Registered Agent's Signature
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its now business entity with an active Florida registration.) The name and the Florida street address of	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an intividual or another f the registered agent are:
business entity with an active Florida registration.) The name and the Florida street address of	f the registered agent are:
business entity with an active Florida registration.) The name and the Florida street address of Valentin Lopez of Lope	f the registered agent are:
business entity with an active Florida registration.) The name and the Florida street address of Valentin Lopez do Lope 1 2600 Douglas Road, S	f the registered agent are: ez & Partners, LLC Name Suite 811
business entity with an active Florida registration.) The name and the Florida street address of Valentin Lopez do Lope 1 2600 Douglas Road, S	f the registered agent are: ez & Partners, LLC Name
business entity with an active Florida registration.) The name and the Florida street address of Valentin Lopez do Lope 1 2600 Douglas Road, S	f the registered agent are: ez & Partners, LLC Name Suite 811 eet andress (P.O. Box NOT acceptable).
business entity with an active Florida registration.) The name and the Florida street address of Valentin Lopez of Lope 1 2600 Douglas Road, S Florida street Coral Gables	f the registered agent are: ez & Partners, LLC Name Suite 811 est address (P.O. Box NOT acceptable).
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Dusiness entity will an active Florida registration.) The name and the Florida street address of Valentin Lopez of Lope 2600 Douglas Road, S Florida street Coral Gables City, S Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	f the registered agent are: ez & Partners, LLC Name Suite 811 et address (P.O. Box NOT acceptable). H_ 33134

(CONTINUED) Page Lof 2

Registered Agent's Signature (REQUIRED)

GR" = Manager GRM" = Managing Member GRM	ud Address:
RM	
Morgan F	enech
170 SE 14	Street, Apt 2801
Miami, Flo	rida 33131
Miami, Flo	rida 33131

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 14, 2023 (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.)

REQUIREÓ SIGNATURE:

Signature of a member or an 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.)

Morgan Fenech
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)