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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
VIPLUX LLC

Certificate of Status	1
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2ND REQUEST

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Viplox. LLC

ARTICLE II - Address:

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

4615 SW 133 Ct Miami FL, 33175

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ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

Charles Michael Ramos


4615 SW 133 Ct Miami FL, 33175

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

CHARLES MICHAEL RAMOS
(AMBR)

Required Signatures:

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

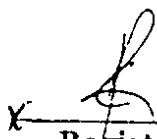
In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Charles Michael Ramos
Typed or printed name of signee

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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)