

L23000 383894

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

(((1123000282812 3)))



H230002828123480

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6391

From:

Account Name : Vcorp Services, LLC
Account Number : 120280000000
Phone : (844) 425-0077
Fax Number : (444) 812-1586

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

Email Address: _____

RECEIVED
2023 AUG 15 PM 12:04
VTS

FLORIDA LIMITED LIABILITY CO.
VTS Holdings LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2023 AUG 15 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLE I - ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

VTS Holdings LLC

(Must end with 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:

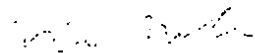
Principal Office Address:**Mailing Address:**3291 SW 137th Ave.
Miami, FL 3317514 St. Christopher's Lane
Coronado, CA 92118**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:

Vcorp Agent Services, Inc.**Name**1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)PlantationFL33324**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.


Registered Agent's Signature (**REQUIRED**)**(CONTINUED)**

Page 2

2023 AUG 15 PM 4:25
CLERK OF STATE
TALLAHASSEE, FL**FILED**

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR/AMBR**Name and Address:**Victor H. Berrio14 St. Christopher's LaneCoronado, CA 92118AMBRSuzanne Frontz14 St. Christopher's LaneCoronado, CA 92118AMBRGary T. Gilliam5417 Starry Rd.Bellingham, WA 98226AMBRDerek Muller3189 Ivan Morse Rd. Unit AManson, WA 98831

(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.William ZavacTyped or printed name of signer**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)

2023 AUG 15 PM 4:25
DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED