L23000405863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

100414500491

06/23/23--01025--015 **160.00

FILED
2023 AUG 29 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VIPER TECHNOLOGY SOLUTIONS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARL A MARCZAK, CPA
Name of Person

CARL A MARCZAK PC
Firm/Company

27 WINTON RD
Address

EAST BRUNSWICK, NJ 08816
City/State and Zip Code

CLMJA26427@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARL MARCZAK at (732) 390-1925
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee

☐ $130.00 Filing Fee & Certificate of Status

☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)

☒ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

FILED
2023 AUG 29 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FL

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

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

[illegible]

[illegible]

ARTICLE II - Address:

[illegible]

Principal Office Address	Mailing Address
[illegible]	[illegible]

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

[illegible]

Name [illegible]

P.O. Box NOT acceptable [illegible]

Zip

[illegible]

(CONTINUED)

FILED
2023 AUG 29 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FL

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	JAMES AMENDOLARO 3880 GLEROCK RD MIDDLEBURG, FL 32068
AMBR	DANYELLE AMENDOLARO 3880 GLEROCK RD MIDDLEBURG, FL 32068

(Use attachment if necessary)

RTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
f an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after
e date of filing.)
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
e document's effective date on the Department of State's records.

TICLE 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.

JAMES AMENDOLARO
Typed or printed name of signee

FILED
2023 AUG 29 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FL

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)