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## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 10/13/2023

NAME: VIRTUCON ENTERPRISES, LLC

TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE

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## COVER LETTER

	New Filing Sec Division of Co				
SUBJEC"		Interprises, LLC			
30031.0	• •	Name of Lim	ited Liabili	y Company	
The enclo	sed Articles of	Organization and fee(s) are	submitted	for filing.	
Please ret	urn all corresp	ondence concerning this ma	tter to the fo	ollowing:	
	John Gorski				
			Name of	'erson	
	<del></del> -		Firm/Cor	ppany	
	7700 S Flag	ler Dr	THILLO	infrairy ·	
			Addre	ss	
	West Palm I	Beach, FL 33405			
	jjgorski@vir	Ci tuconenterprisesllc.com	ty/State and	Zip Code	
		E-mail address: (to be used	for future a	nnual report notificat	ion)
For further	information co	ncerning this matter, please	call:		
	John Farrish	40- at (	4	348-2414 )	
	Nam	ne of Person Ar	ea Code	Daytime Telephon	e Number
Enclosed	is a check for t	he following amount:			
<b>≘</b> \$125.00	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailir</u>	ng Address	9	Street Address	

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

Virtucon Enterprises, LLC		
(Must contain the wor	ds "Limited Liability Company, "L.L.C	C.," or "LLC.")
CLE II - Address: ailing address and street address of the	e principal office of the Limited Liabil	ity Company is:
		ity Company is:  Mailing Address:
iling address and street address of the		Mailing Address:

The name and the Florida street address of the registered agent are:

	Name	
7700 S Flagler Dr		
Florida street address	(P.O. Box NOT acc	eptable)
West Palm Beach	Florida	33405

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..

John Gorki
certemorus

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: "AMBR" = Aut	horized Member		
"MGR" = Mana			
MGR		John Gorski	
-	<del></del>	7700 S Flagler Dr	
		West Palm Beach, FL 33405	
_			
	<del></del>		
(Use attachment	if necessary)		
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