

Florida Department of State

H24000269899 3

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CITI TAXES LLC
Account Number : I20230000131
Phone : (305)803-4427
Fax Number : (305)402-6230

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

Email Address: citi.taxes@yahoo.com

2024 AUG 12 PM 1:20
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.
VC GENERAL LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2024 AUG 12 AM 12:23
FILED
DIVISION OF STATE
TALLAHASSEE, FL

MS

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VC GENERAL LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following.

ARMANDO VASQUEZ

Name of Person

CITI TAXES LLC

Firm/Company

5721 NW 112TH AVE APT 108

Address

DORAL, FL 33178

City/State and Zip Code

CITITAXES@YAHOO.COM

E-mail address (to be used for future annual report notification)

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2024 AUG 12 AM 12:23
SUPREMACY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

ARMANDO VASQUEZ 305 803-4427
at)
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)

☐ \$180.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VC GENERAL LLC

(Must contain 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:5561 NW 112TH AVE UNIT 104
DORAL, FL 33178Mailing Address:3824 BUEL ST STE A2
OAKLAND, CA 9461

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

ADOLFO CHENFUENGOS

Name

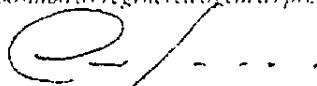
5561 NW 112TH AVE UNIT 104Florida street address (P.O. Box **NOT** acceptable)DORALFL33178

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)

 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 2024 AUG 12 AM 12:23

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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 _____

CARLOS DAVID CIENFUEGOS FIGUERA
3824 BUELL ST STE A2
OAKLAND, CA 94619

MGR _____

GUANERJE ANTONIO VALLE MEDRANO
173252 STRIPED MAPLE ST UNIT 414
WESTFIELD, IN 46074

AMBR _____

ADOLFO CIENFUEGOS FAJARDO
5561 NW 112TH AVE UNIT 104
DORAL, FL 33178

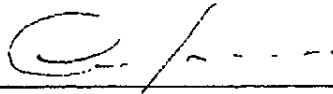
(Use attachment if necessary)

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.

THE PURPOSE OF THIS LLC IS TO:

RECRUIT, TRAIN, AND SUPPLY QUALIFIED PERSONNEL FOR WORK IN DEAD ELECTRICITY
INSTALLATIONS AND THE HOSPITALITY INDUSTRY.**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.

ADOLFO CIENFUEGOS FAJARDO

Typed 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)