

10/2/24, 12:00 PM

Division Corporations

L24000419915

Florida Department of State  
Division of Corporations  
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To:

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Account Name : RASCO KLOCK PEREZ & SOTO, P.L.  
Account Number : 104076000124  
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FLORIDA LIMITED LIABILITY CO.  
VERIDION ENTERPRISE LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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Audit No. H240003333863

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I. - Name**

The name of the Limited Liability Company is:

**VERIDION ENTERPRISE LLC**

**ARTICLE II. - Address**

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

14203 SW 66 Street, Suite 308  
Miami, Florida 33183


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

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

**SAMUEL JUNCO VILA**  
14203 SW 66 Street, Suite 308  
Miami, Florida 33183

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, Florida Statutes.

**REGISTERED AGENT:**

  
\_\_\_\_\_  
SAMUEL JUNCO VILA

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TALLAHASSEE, FLORIDA

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#### ARTICLE IV. – Management:

The Limited Liability Company is to be managed and controlled by one manager. The name and address of the person who shall serve as initial manager is:

**SAMUEL JUNCO VILA**  
14203 SW 66 Street, Suite 308  
Miami, Florida 33183

#### ARTICLE V. – Indemnification:

The Company shall indemnify any present or former manager, officer or director and shall advance expenses on behalf of any such manager, officer or director, in each case, to the fullest extent now or hereafter permitted by law.



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*Signature of Member or 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.)*

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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