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.

(((H24000352156 3)))



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)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

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

Email	Address:	
-------	----------	--

## FLORIDA LIMITED LIABILITY CO. VIRTUALLYANYWHERE US LLC

Certificate of Status	-1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$130.00	

Electronic Filing Menu

Corporate Filing Menu

Help

V IC F :

## ARTICLES OF ORGANIZATION

TONGANIZATION
FLORIDA LIMITED LIABILITY COMPANY
LIABILITY COMPANY
The Add Life, I as (Morale).
The name of the T
The name of the Limited Liability Company is:
/ inputly is:
1/-2
- VILIUAITY ADVISORY
ARTICLE II - Address: The mailing address and street address and
ARTICLE II - Address:
Community address and street address and
company is:
The mailing address and street address of the principal office of the Limited Liability  Company is:
All ICIAIN Sounday Clob Lane
Country of land
AF ICIAIN
AT ICHAIN DADE CITY FL 33525
2019/C 10/10 10/10 33525
Dogic:
TOTO GIATI ROAD ( LILLIA DE LA COLOR DE LA
ARTICLE III - Registered Agent, Registered Office: Zeph yrllis, FL
The name and the Bliffer Agent, Registered Office.
Company connect serve address of the registers
The name and the Florida street address of the registered agent are: (The Limited i.iability 354) with an active Florida registered Agent. You must designate on individual or another huminess.
CHAILDER PHEA.
list de la companya della companya della companya de la companya della companya d
THE NOTITE TO THE
AYDE ROBERT COOK
9515 Coontry Club Lane
1 COUNTRY C105 L90G
Ade City, FL 33505
1706 C/49, F-L 225 LT
ARTICLE IV
The none of the second
Liebility of each person authorized to me
The name and title of each person authorized to manage and control the Limited
- WAYNE ROBERT COOK, AMSK
- MAYNE NOBERT COOK, AMSK
702
2024 067 23
N Promise
$\omega$

Required Signatures:

Signature of a member or an 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 \$.817.155, F.S.

Typed or printed name of signee

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 herely 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)

Page 2 of 2