

**L25000002620**

Florida Department of State

Division of Corporations  
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To:

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

From:

Account Name : LEADER ASSOCIATES LLC  
Account Number : I20180000056  
Phone : (954)998-3963  
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FLORIDA LIMITED LIABILITY CO.  
VITAL PRO SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Help

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

**ARTICLE I – NAME**

The name of the Limited Liability Company shall be

**VITAL PRO SOLUTIONS LLC**

**ARTICLE II – ADDRESS**

The Principal street address of the Limited Liability Company shall be

**267 WINDLEY DR**

**SAINT AUGUSTINE, FL 32092**

The Mailing address of the Limited Liability Company shall be

**SAME AS PRINCIPAL**

**ARTICLE III – REGISTERED AGENT**

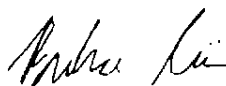
The name and Florida street address (PO BOX not acceptable) of the Registered Agent are

**PAMELA M VIEIRA**

**267 WINDLEY DR**

**SAINT AUGUSTINE, FL 32092**

*Having been named as Registered Agent and to accept service of process for the above 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 for in Chapter 605, F.S.*



\_\_\_\_\_  
Registered Agent (Signature)

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**ARTICLE IV – MANAGERS**

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

Name: **PAMELA M VIEIRA**

Title: **MGMB**


Address: **267 WINDLEY DR**

**SAINT AUGUSTINE, FL 32092**

**ARTICLE V – EFFECTIVE DATE**

Effective date shall be **JANUARY 1<sup>st</sup>, 2025.**

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
PAMELA M VIEIRA - Member or AMBR

\_\_\_\_\_  
Date