# L25000225656



(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Vidita Investments Group, LLC		
Please Debit FCA000000003 For: 13	25	
Thank you Seth Neeley		
1-4-1		
	Art of Inc. File	
	LTD Partnership File	
	Foreign Corp. File	
	L.C. File	
	Fictitious Name File	٦
	Trade/Service Mark	
	Merger File	
	Art, of Amend, File	
	RA Resignation	 [5]
	Dissolution / Withdrawal	
	Annual Report / Reinstatement C	<u></u>
	Cert. Copy	
	Photo Copy	
	Certificate of Good Standing	
	Certificate of Status	
	Certificate of Fictitious Name	<del></del>
	Corp Record Search	
	Officer Search	
	Fictitious Search	
Signature	Fictitious Owner Search	
Signature //	Vehicle Search	
	Driving Record	
Requested by:	UCC 1 or 3 File	
Name Date	UCC 11 Search	
Name Date	Time UCC 11 Retrieval	
Walk-In Will Pick Up	Courier	

## COVER LETTER

	ew Filing Section ivision of Corporations			
SUBJECT	Vidita Investments Group, LLC			
000000	:Name of Lin	nited Liabilit	y Company	
The enclose	ed Articles of Organization and fee(s) are	e submitted f	or filing.	
Please retu	rn all correspondence concerning this ma	itter to the fo	llowing:	
	Cathleen M. Plasencia, Esq.			
		Name of F	erson	
	Sapphire Law			
	Firm/Company			
	121 Alhambra Plaza, Suite 1000			
	Address			
	Coral Gables, FL 33134			
	Cathleen@sapphirelawfirm.com	ity/State and	Zip Code	
-	E-mail address: (to be used	for future an	nual report notification)	
For further in	nformation concerning this matter, please	call:		
	Cathleen Plasencia 30		686-8707	
			Daytime Telephone Number	
Enclosed is	a check for the following amount:			
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	Certific	Siling Fee & S160.00 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	N L C 2	Street Address Sew Filing Section Division of Corporations Difton Building 661 Executive Center Circle Fallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability	y Company is:				
Vidita Investments G	roup, LLC				
		Liability Com	pany, "L.L.C.," or "LLC.")		-
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	office of the Lie	nited Lightlity Company ice		
The maning address and street ac	idiess of the principal c	THE OT THE TAI	inica mapinity company is.		
<u>Princips</u>	<u>ll Office Address</u> :		Mailing Addi	ress:	
1060 Brickell Avenue			1060 Brickell Avenue		
Unit 4203		<u> </u>	Unit 4203		-
Miami, FL 33131			Miami, FL 33131		-
A DEPOSIT OF THE POSITION OF THE					
ARTICLE III - Registered Age (The Limited Liability Company	nt, Registered Office,	& Registered	Agent's Signature:	dii.d1	
another business entity with an a			gent. 1 ou must designate an in	uividuai oi	
		,			
The name and the Florida street a	iddress of the registered	d agent are:			
	Cathleen M. Plasenc	ia Esq			
		Name			
	121 Alhambra Plaza	, Suite 1000			
	Florida street address (P.O. Box NOT acceptable)			Ö	
	Coral Gables	FL	33134	,	$\overline{3}$
	City	State	Zip		
Having been named as registered a place designated in this certificate, further agree to comply with the pro un familiar with and accept the obj	I hereby accept the app ovisions of all statutes re	ointment as req elating to the p	gistered agent and agree to act roper and complete performan	in this capacity ce of my duties,	. /
ин јатики жин ина ассерене од	nganons of my position	as registerea a	geni as proviaea jor in Chapiei	r 600, F.S	
	/S/ Cathleen M. Pl	lasencia			
	Regist	ered Agent's S	ignature (REQUIRED)		
		(CONTINU	FD)		

#### ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	Mauricio Italo Llorenti 1060 Brickell Avenue Miami, FL 33131		
MGR	Martha Paulina Alvarez 1060 Brickell Avenue Miami, FL 33131		
<del></del>			
(Use attachment if necessary)			
(If an effective date is listed, the date must be spo the date of filing.)	of filing: May 7, 2025 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a of State's records.		
ARTICLE VI: Other provisions, if any.	· <del> </del>		
REOUIRED SIGNATURE:			
/S/ Cathleen M. Plasencia	a		
Signature of a me	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b). Florida Statutes.		

## constitutes a third degree felony as provided for in s.817.155, F.S.

Cathleen M. Plasencia
Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State

#### 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)