

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print the page and use it as a cover sheet. Type the following information (not a
 number) in the top and bottom of all pages of the document.
 (0004000259332 3)))



H240002593323ABC

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.
VITIENES MULTISERVICE LLC

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

RECEIVED

2024 AUG -1 PM 3:11

CORPORATIONS
COMMERCIAL
DIVISION

FILED
 2024 AUG -1 PM 1:22
 DIVISION OF STATE
 SERVICES, FL

Electronic Filing Menu

Corporate Filing Menu

Help

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

EIN: 99-4249031

ARTICLE I - Name:

The name of the Limited Liability Company is:

VITIENES MULTISERVICE LLC

ARTICLE II - Address:

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

14201 SW 88TH ST APT 405

MIAMI, FLORIDA, 33186

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

Alex Vitiennes Torres

14201 SW 88TH ST APT 405

MIAMI, FLORIDA 33186

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Alex Vitiennes Torres (AMBR)

FILED
2024 AUG -1 PM 1:22
STATE
OF
FLORIDA
CLERK OF
COURT

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 s.817.155, F.S.

Alex Vitienes Torrey

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 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)

FILED
2024 AUG -1 PM 1:22
STATE OF FLORIDA
TALLAHASSEE, FL