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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
Fax Number : (954)697-0359

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TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
VITAL PRO SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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

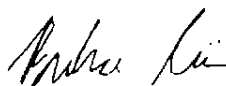
The name and Florida street address (PO BOX not acceptable) of the Registered Agent are

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**

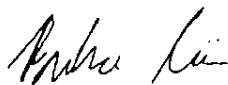
Address: **267 WINDLEY DR**

SAINT AUGUSTINE, FL 32092

ARTICLE V – EFFECTIVE DATE

Effective date shall be **JANUARY 1st, 2025.**

REQUIRED SIGNATURE:



PAMELA M VIEIRA - Member or AMBR

Date