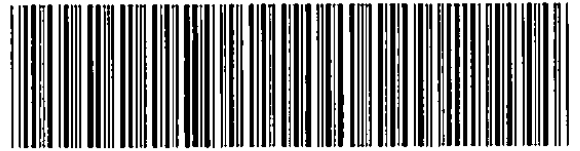


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S. CHATHAM
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SECRETARY OF STATE
TALLAHASSEE, FL

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(Document Number)

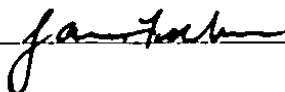
Certified Copies _____ Certificates of Status _____

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NEW FILINGS

AMMENDMENTS

Profit

Not for Profit

Limited Liability

Domestication

Other

CORP

PLLC

Amendment

Resignation of R.A. Officer/Director

Change of Registered Agent

Revocation of Dissolution

Merger

Conversion

Amended and restated Articles

Statement of Authority

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

Annual Report

Foreign filing

Fictitious Name

Limited Partnership

Reinstatement

APOSTILLE() _____

Other

Country

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Business Name

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___ Will wait ___ Photocopy

___ **Certified Copy of the Articles of Organization**

___ **Certificate of Status**

NEW FILINGS

AMMENDMENTS

___ Profit

___ Amendment

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___ Resignation of R.A. Officer/Director

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___ **CORP**

___ **Conversion**

___ **PLLC**

___ **Amended and restated Articles**

___ **Statement of Authority**

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REGISTRATION/QUALIFICATIONS

___ Annual Report

___ Foreign filing

___ Fictitious Name

___ Limited Partnership

___ Reinstatement

___ APOSTILLE()___

___ Other

Country

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: VAM, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith Diamond
Name of Person

Keith D. Diamond, P.A.
Firm/Company

3440 Hollywood Blvd, Suite 415
Address

Hollywood, Florida 33021
City/State and Zip Code

Keithdiamond2@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Diamond 954 618-1008
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 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

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VAM, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

814 Ponce De Leon Blvd

P.O. Box 144920

Suite 304

Coral Gables, Florida 33114

Coral Gables, Florida 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

The name and the Florida street address of the registered agent are:

Keith D. Diamond, P.A.

Name

3440 Hollywood Blvd, Suite 415

Florida street address (P.O. Box **NOT** acceptable)

Hollywood

Florid

33021

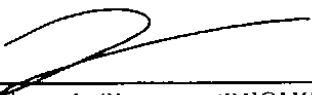
City

State

Zip

2023 FEB -6 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FL
VAM, LLC

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)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Dr. Victor Pazos
7100 West 20th Avenue, Suite G-166
Hialeah, Florida 33016

MGR

Armando Diez
P.O. Box 144920
Coral Gables, Florida 33114

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SECRETARY OF STATE
TALLAHASSEE, FL

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

KEITH D. DIAMOND
Typed or printed name of signee

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)