

F19 0000065155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

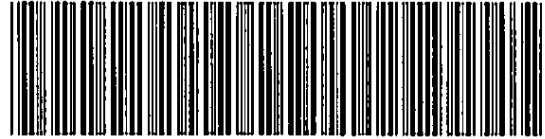
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 15 1994 10:15 AM

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NOV 15 1994

EXAMINER

NOV 16 AM 9:14
CLERK OF COURT
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2019

NATALIA SANCHEZ
7230 CAMP ISLAND AVE
SUN CITY CENTER, FL 33573

SUBJECT: VL GROUP INC.
Ref. Number: W19000094340

We have received your document for VL GROUP INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline
Regulatory Specialist III

Letter Number: 519A00021931

2019 NOV 14 AM 9:14
DIVISION OF STATE
CORPORATIONS
TAMMI CLINE

COVER LETTER

TO: Registration Section
Division of Corporations
VL GROUP INC.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
NATALIA SANCHEZ

Name of Person		
VL GROUP INC.		
Firm/Company		
7230 CAMP ISLAND AVE. SUN CITY CENTER FLORIDA 33573		
Address		
CAROLINA, PR. 00984		
City/State and Zip code		
VLREALTYGROUP@YAHOO.COM		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
NATALIA SANCHEZ	787	668-6243
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. VL GROUP INC ~~VL GROUP CORP~~ Promesa inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

VL GROUP INC

Promesa inc

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
PUERTO RICO

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
November 15, 2017

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

CALLE 111 BT-7 VALLE ARRIBA HEIGHTS, CAROLINA PR. 00985

7. _____
(Principal office address)
7230 CAMP ISLAND AVE. SUN CITY CENTER FLORIDA 33573

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

NATALIA SANCHEZ

Name: _____

7230 CAMP ISLAND AVE.

Office Address: _____

SUN CITY CENTER

33573

_____, Florida _____

(City)

(Zip code)

9. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Natalia Sanchez
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

NATALIA SANCHEZ

Chairman:

7230 CAMP ISLAND AVE. SUN CITY CENTER FLORIDA 33573

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

NATALIA SANCHEZ

President:

7230 CAMP ISLAND AVE. SUN CITY CENTER FLORIDA 33573

Address:

Vice President:

Address:

VANESSA LOZADA

Secretary:

CALLE 111 BT7 VALLE ARriba HEIGHTS, CAROLINA PR. 00984

Address:

CAROLINE SANCHEZ

Treasurer:

CALLE 111 ST BT7 VALLE ARriba HEIGHTS, CAROLINA PR. 00984

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

NATALIA SANCHEZ, PRESIDENT

13. _____

(Typed or printed name and capacity of person signing application)

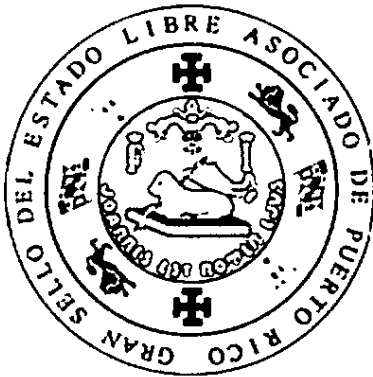


Government of Puerto Rico

CERTIFICATE OF GOOD STANDING

I, **MARÍA A. MARCANO DE LEÓN**, Under Secretary of State of the Government of Puerto Rico,

CERTIFY: That, **V L GROUP INC.**, register number **401478**, a **for profit domestic** corporation, organized under the laws of Puerto Rico on **November 15, 2017**, has complied with the filing of its Annual Reports.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **October 9, 2019**.

A handwritten signature in black ink, reading "María A. Marciano de León".

MARÍA A. MARCANO DE LEÓN
Under Secretary of State

To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 08-Oct-2020.

Certificate Validation Number: **315828-93702959**