# F2400005678

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
ertified Copies Certificates of Status						
Special Instructions to Filing Officer:						
(2e/2) 24						
W23000095678						





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M. SOLOMON NOV - 1 2024

# **COVER LETTER**

_	gistration Section rision of Corporations								
SUBJECT	CT. VS & NS Group Inc								
., 0 ., 0 .		of corporati	on - mu	st include suffix	·-·		_		
Dear Sir or	Madam:								
"Certificate	d "Application by Foreign C of Existence," or "Certificat enced foreign corporation to	e of Good St	anding'	and check are sub					
Please return	n all correspondence concerr	ing this matt	ter to th	e following:					
Anastasiya S	ukhavava								
Name of Person						202	_		
VS & NS Gr	oup Inc				21 e e e e e e e e e e e e e e e e e e e	. Q	- saju-		
		Firm/Co	mpany		.,		, esc.		
2165 Van Buren Street Apt. 921						: <del>=</del>			
Address Flollywood, FL 33020						H 147			
us 21 aroun@s	amail com	City/State	and Zi	code	ددا <u>برن</u>	05	-		
vs21group@g		s: (to be used	l for fut	ure annual report n	otification)		_		
For further i	nformation concerning this n			are aimedi report i	ouncution,				
Yelena Pierson		at (215	32	2-5053					
Nar	ne of Person	Area Co	ode	Daytime Telepl	hone Number	<del></del>			
Regi Divi The 2415	REET/COURIER ADDRES istration Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303			MAILING A Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations				
	a check for the following ame theck payable to: FLORIDA D ling Fee	EPARTMEN g Fee &	<b>=</b> \$78.	TATE 75 Filing Fee & ified Copy	S87.50 Filin Certificate Certified C	of Status	&		

# 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.

VS & NS Grou	p Inc			
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," "Corp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		•
(If name unavai	lable in Florida, enter alternate corporate name add	opted for the purpose of transacting b	usiness in Florida)	
2. Pennsylvania	Pennsylvania 3. 85-1336884			
	ry under the law of which it is incorporated)	(FEI number, if applied		
	of incorporation)	(Date of duration, if other than perpetual)		
6				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502			
, 1825 Bridgetowr	Pike Apt. 714 Feasterville Trevose PA 19053	, ,		
/· <u></u>	(Principal office	street address)	<i>⊗</i> <b>≥</b>	
2165 Van Buren	Street Apt 921 Hollywood FL 33020		70	
	(Current mailing a	ddress, if different)	0007	-
0 N 1 .	. II CELLI CON		<u>3</u>	ACCES.
8. Name and <u>stree</u> Name:	ct address of Florida registered agent: (P.O. E Anastasiya Sukhavava	Sox <u>NOT</u> acceptable)	CAIL: 05	
Office Address:	2165 Van Buren Street Apt 921	_	F. 05	*
	Hollywood	, Florida		
	(City)	(Zip code)		
Having been nam designated in this further agree to c	ent's acceptance:  sed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relatives with and accept the obligations of my positions.	t as registered agent and agree to five to the proper and complete po on as registered agent.	act in this capac	ity. I
	(Registered agent's signa	ture)		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

#### A. DIRECTORS Anastasiya Sukhavava Chairman □ Chairman Name: 2165 Van Buren Street Apt 921 □ Vice Chairman Address: ☐ Vice Chairman Address: Hollywood, FL 33020 □ Director ☐ Director President ☐ President ☐ Vice President □Vice President ☐ Sccretary ☐ Treasurer □ Secretary Treasurer □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman □Chairman Name: \_\_\_\_\_ □Vice Chairman Address: □Vice Chairman Address: Director □ Director ☐ President □President ☐ Vice President ☐ Vice President □ Secretary □ Treasurer ☐ Treasure □ Secretary SSS Other □Other Other \_\_\_\_\_ Other \_\_\_ Name: \_\_\_\_ □ Chairman □ Chairman Name: □ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: □ Director □Director ☐ President □ President □Vice President \_\_\_\_\_ ☐Vice President ☐ Secretary Treasurer ☐ Secretary ☐ Treasurer Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

ᇽ Anastasiya Sukhavava

### Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: VS & NS GROUP Inc

Request Type: Subsistence Certificate Issuance Date: October 31, 2024

Request No.: 045443738 File No.: 0007069851

**Receipt No.:** 001280938

Filing Type: Domestic Business Corporation

Filing Subtype: Business

Initial Filing Date: June 08, 2020

Status: Active

## TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

VS & NS GROUP Inc.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

**Albert Schmidt** 

Secretary of the Commonwealth

Men Schmi

Verify this certificate online at www.file.dos.pa.gov



July 12, 2023

ANASTASIYA SUKHAVAVA 2165 VAN BUREN STREET APY 921 HOLLYWOOD, FL 33020

SUBJECT: VS&NS INC

Ref. Number: W23000095678

We have received your document for VS&NS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Letter Number: 523A00015483

Corey Pettway Regulatory Specialist II