

W08000089338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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W08-89338

09/02/08--01062--005 **125.00

71a LLC

W08-41855

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

09 SEP 19 PM 12:57

FILED

N. CAUSSEAU
Sept 19 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERNATIONAL VIRTUAL SERVICES, 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:

LUIS FORTUN

(Name of Person)

(Firm/Company)

4318 SW 130TH AVENUE

(Address)

DAVIE, FLORIDA 33330

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS FORTUN at (954) 424-6364
(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)

(X) 125.00

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2008

LUIS FORTUN
4318 SW 130TH AVENUE
DAVIE, FL 33330

SUBJECT: INTERNATIONAL VIRTUAL SERVICES, LLC
Ref. Number: W08000041855

We have received your document for INTERNATIONAL VIRTUAL SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

CALLED TWICE AND LEFT MESSAGE. HAVE HAD NO RESPONSE TO OUR PHONE CALLS.

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 708A00049326

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTERNATIONAL VIRTUAL SERVICES, LLC.

(Must end with 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:

4318 SW 130TH AVENUE

DAVIE, FLORIDA 33330

Mailing Address:

4318 SW 130TH AVENUE

DAVIE, FLORIDA 33330

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:

NIURKA DURAN

Name

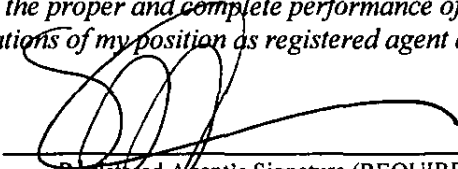
4318 SW 130TH AVENUE

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

DAVIE, FLORIDA 33330

City, State, and Zip

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 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

NIURKA DURAN

4318 SW 153RD AVENUE

DAVIE, FLORIDA 33330

MGRM

Elsa Ramos

4318 SW 130th Ave
Davie, FL 33330

(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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

NIURKA DURAN

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)

FILED
09 SEP 19 PM 12:57
CLERK OF STATE
TALLAHASSEE, FLORIDA