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DIVISION OF CONTRACTORS

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SUITE 304 6499 NORTH POWERLINE ROAD FORT LAUDERDALE, FLORIDA 33309 www.rp-lawfirm.com

ARTHUR R. ROSENBERG JOSHUA S. PINSKY HAROLD S. BOFSHEVER

954-772-5151 FAX 954-772-4224

April 2, 2015

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

RE: JVS Management Group, LLC

Dear Sir/Madam:

Enclosed herein please find a Statement of Authority for the above referenced entity, along with my firm's check in the amount of Thirty (\$30.00) Dollars for the filing and certified copy of same.

Should you have any questions, please feel free to contact the undersigned.

Very truly yours, insky/ge

JÓSHUA S. PINSKY

JSP/jc Enclosures

COVER LETTER

TO: Registration Section Division of Corporations		
JVS Management Group, LI SUBJECT:	LC	
	imited Liability Comp	oany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Joshua S. Pinsky, Esq.		
Name of Person		
Law Office of Rosenberg & Pinsky		
Firm/Company		
6499 N. Powerline Road, Suite 304		C
Address		
Fort Lauderdale, FL 33309		
City/State and Zip Code		
jp@rp-lawfirm.com		
E-mail address: (to be used for future ann	nual report notification	n)
For further information concerning this matter, ple	ase call:	
Joshua S. Pinsky	954	772-5151
Name of Person	at () Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301		•

STATEMENT OF AUTHORITY

Pursuant authority		(1), Florida S	tatutes, this limited li	ability company submits the following	statement of
FIRST:	The name of the lim	ited liability	company is: JVS N	Management Group, LLC	
SECON	D: The Florida Doc	ument Numb	er of the limited liabi	lity company is: L11000027099	
THIRD:	The street address 6209 W COMN		I liability company's p	principal office is:	
	TAMARAC, FL	33319			15 APR
	The mailing addre		ted liability company э 1611	's principal office is:	10 PH 4:
	Miami FL 3313	0			:- :-
person o	•			erty held in the name of the company.	
	b. No aut	hority grante	ed to:		
			ctions on behalf of, or nua S. Pinsky	otherwise act for or bind, the company	' .
	b. No au	hority grante	ed to:		
1	Noholt	2_		MARIA ELENA GOBE	тто
Signatur	d of authorized repre	sentative	Filing Fee: Certified Copy:	Typed or printed name of sig \$25.00 \$30.00 (optional)	gnature