

L16000080297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900284685119

04/20/16--01017--024 **160.00

FILED
16 APR 20 PM 2:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

VLS Engineering, LLC.
Construction Engineering and Design

www.vlsengineering.com
Email: vls@vlsengineering.com

April 19, 2016

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

SUBJECT: New Business Filing

To Whom It May Concern:

Per the requirement of the Florida Department of State Division of Corporations:

Lori E. Simonovski
1530 Crowne Ormond Lane #511
Ormond Beach, FL 3217
Cell: 239.222.6069

The company was previously filed in the state of Connecticut, please see the attached Article of Organization. I would like to transfer the company from Connecticut to Florida.

Regards,



Lori Simonovski, P.E.
Owner and Principal Engineer
VLS Engineering, LLC.
Email: VLS@vlsengineering.com
Cell: 239.222.6069

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VLS Engineering, 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:

Lori E. Simonovski

Name of Person

VLS Engineering, LLC.

Firm/Company

1530 Crowne Ormond Ln., #511

Address

Ormond Beach, Florida 32174

City/State and Zip Code

vls@vlsengineering.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori E. Simonovski

239

222-6069

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 APR 20 PM 2: 21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

VLS Engineering, 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:

1530 Crowne Ormond Ln., #511
Ormond Beach, FL 32174

Mailing Address:

1530 Crowne Ormond Ln., #511
Ormond Beach, FL 32174

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:

Lori. E. Simonovski

Name

1530 Crowne Ormond Ln., #511

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

Ormond Beach

Florida

32174

City

State

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

16 APR 20 PM 2:21

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Lori E. Simonovski

1530 Crowne Ormond Ln., #511

Ormond Beach, FL 32174

SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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.

Lori E. Simonovski

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)