

# L20000B0456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

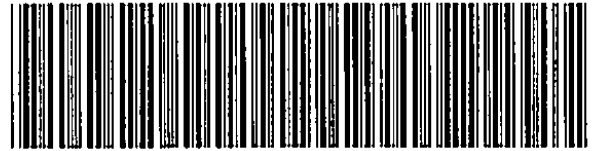
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600344248086

05/12/20--01015--003 \*\*125.

2020 MAY 12 PM 4:51

D O'KEEFE

MAY 19 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VLM SERVICE 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:

VIVIAN MORAES

Name of Person

VLM SERVICE LLC.,

Firm/Company

13212 HEATHER MOSS DRIVE APT 1310

Address

ORLANDO, FLORIDA 32837

City/State and Zip Code

VMBEAUTYORLANDO@GMAIL.COM

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

For further information concerning this matter, please call:

VIVIAN MORAES

407

793-8843

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

VLM SERVICE 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:

Mailing Address:

13212 HEATHER MOSS DRIVE APT 1310  
ORLANDO, FL 32837

13212 HEATHER MOSS DRIVE APT 1310  
ORLANDO, FL 32837

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:

VIVIAN MORAES

Name

13212 HEATHER MOSS DRIVE APT 1310

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

ORLANDO

FLORIDA

32837

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

VIVIAN MORAES

13212 HEATHER MOSS DRIVE APT 1310

ORLANDO, FL 32837

VICE-PRESIDENT

LISETE MORAES

13212 HEATHER MOSS DRIVE APT 1310

ORLANDO, FL 32837

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 05/05/2020 (OPTIONAL)

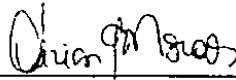
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

PROVIDE SERVICES FOR RESTAURANT

**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.

VIVIAN MORAES

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)