

7/15/2020

Division of Corporations

FAX AUDIT NO.: H2000225387 3

Florida Department of State

Division of Corporations  
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(((H20000225387 3)))



H20000225387 3 ABCS

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : MICHAEL J. FREEMAN, P.A.  
Account Number : 072720000142  
Phone : (305)442-1567  
Fax Number : (305)442-1227

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: m.freeman@freemanmiami.com

2020 JUL 15 AM 11:38

**FLORIDA LIMITED LIABILITY CO.  
VL NORTH AMERICA CONSULTANCY SERVICES LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT NO.: H20000225387 3

JUL 20 2020

FAX AUDIT NO.: H20000225387 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

VL NORTH AMERICA CONSULTANCY SERVICES LLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:** 9001 Collins Avenue  
Unit S711  
Surfside, FL 33154

**Mailing Address:** 9001 Collins Avenue  
Unit S711  
Surfside, FL 33154

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

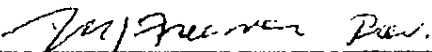
The name and the Florida street address of the registered agent are:

M.J. F. Registered Agent Corp.  
Name

153 Sevilla Avenue  
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134  
City, State, and Zipcode

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  
(Michael J. Freeman, President)

FAX AUDIT NO.: H20000225387 3

FAX AUDIT NO.: H20000225387 3

**ARTICLE IV – Manager(s) or Managing Member(s):**

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

**Title:**

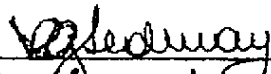
\*AMBR\* = Authorized Member  
\*MGR\* = Manager

**Name and Address:**

AMBR

Vivian Lederman  
9001 Collins Avenue  
Unit S711  
Surfside, FL 33154

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member**  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Lederman, its Authorized Member

Type or print name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent  
\$30.00 Certified Copy (Optional)  
\$5.00 Certificate of Status (Optional)

FAX AUDIT NO.: H20000225387 3