

.Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO. VMV INVESTMENTS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. FASON

AUG 1 3 2020	
ADG 1.3 7070	

ARTICLE I - Name:		
The name of the Limited Linb	oility Company is:	
YMV INVESTMI	ENTS LLC	
(Must c	ontain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	at address of the principal office	of the Limited Liability Company is:
<u>Prin</u>	cipal Office Address:	Mailing Address:
7105 SW 152nd C	COURT	7105 SW 152nd COURT
MIAMI, FL 3319	)}	MIAMI, FL 32193
(The Limited Liability Companion business entity with	Agent, Registered Office, & Ro any cannot serve as its own Regi an active Florida registration.) ret address of the registered ager	istered Agent. You must designate an individual o
(The Limited Liability Companion business entity with	any cannot serve as its own Region active Florida registration.)	istered Agent. You must designate an individual o
(The Limited Liability Companion business entity with	any cannot serve as its own Region active Florida registration.) set address of the registered ages	istered Agent. You must designate an individual o
(The Limited Liability Companion business entity with	any cannot serve as its own Region active Florida registration.)  ret address of the registered agent VICTOR SORIS	istered Agent. You must designate an individual o
(The Limited Liability Companion business entity with	any cannot serve as its own Region active Florida registration.)  ret address of the registered ages  VICTOR SORIS  Nat	istered Agent. You must designate an individual of are:

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..

City

/s/ Victor Solis
Registered Agent's Signature (REQUIRED)

State

Zip

(CONTINUED)

2020 AUG 12 AH 10: 30

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	VICTOR SORIS 7105 SW 152ml COURT MIAMI, FL 33193
MGR	VIVIAN GONZLAEZ 7105 SW 152nd COURT IAMI, FL 33193
(Use attachment if necessary)	
LEV: Effective date, if other than the da ffective date is listed, the date must be a cof filing.) If the date inserted in this block does no	ate of filing:  specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list to of State's records.
LEV: Effective date, if other than the date ffective date is listed, the date must be a of filing.) If the date inserted in this block does not ument's effective date on the Department LEVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list at the first of State's records.
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LE V: Effective date, if other than the da ffective date is listed, the date must be g of filling.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list of State's records.
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LE V: Effective date, if other than the da ffective date is listed, the date must be a c of filing.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any.  REOURED SIGNATURE:    s   Victor   Signature of a r This document is exert   am aware that any fa	meet the applicable statutory filing requirements, this date will not be list of State's records.  22 Social  member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, like information submitted in a document to the Department of State aree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)