

L21000033710

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : AVA FINANCIAL CONSULTANTS INC
Account Number : I20170000094
Phone : (954)842-1979
Fax Number : (954)905-4315

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

Email Address: SGOVARIA@HOTMAIL.COM

**FLORIDA LIMITED LIABILITY CO.
VSS INVESTMENTS GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2021 FEB -2 PM 3:06
FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2021 FEB -2 PM 12:55

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2/17/21

COVER LETTER
H210000451533

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TO: New Filing Section
Division of Corporations

SUBJECT: VSS INVESTMENTS GROUP 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:

SAMMED GOVARIA

Name of Person

VSS INVESTMENTS GROUP LLC

Firm/Company

2600 NW 87TH AVE #2

Address

DORAL, FL 33172

City/State and Zip Code

sgovaria@hotmail.com

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

For further information concerning this matter, please call:

SAMMED GOVARIA

954

589-7440

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
H210000451533

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ARTICLE I - Name:

The name of the Limited Liability Company is:

VSS INVESTMENTS GROUP LLC

(Must contain 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:

2600 NW 87TH AVE #2
DORAL, FL 33172

2600 NW 87TH AVE #2
DORAL, FL 33172

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:

SAMMED GOVARIA

Name

2600 NW 87TH AVE #2

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

DORAL

FL

33172

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.

S. Govaria

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 FEB -2 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FL

H210000451533

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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:

SAMMED GOVARIA

2600 NW 87TH AVE #2

DORAL, FL 33172

AMBR

SAIMA GOVARIA

2600 NW 87TH AVE #2

DORAL, FL 33172

(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:

S. Govaria

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.

SAMMED GOVARIA

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)

RECEIVED
FEB-22 PM 3:07
STATE