CSC TRANS02'



2/25/2021

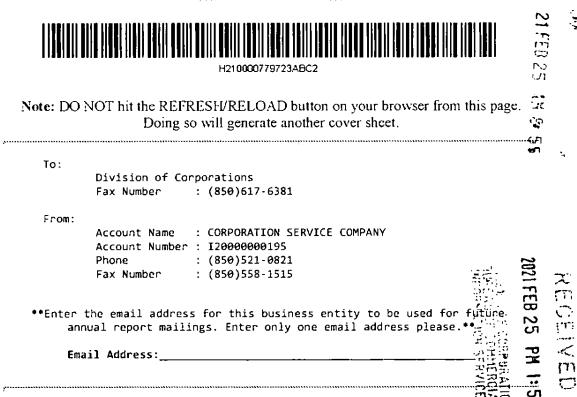
Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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FLORIDA LIMITED LIABILITY CO. VOS INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

J DENNIS

COVER LETTER

	New Filing Sec Division of Co			
SUBJEC		tinents LLC		
SUBJEC	. 1	Name of Li	mited Liability Company	
The encl	osed Articles of	Organization and fee(s) a	re submitted for filing.	
Please re	turn all correspo	ondence concerning this m	atter to the following:	
	Nicole Jeong	S		
			Name of Person	
	Greenberg T	raurig, LLP		
			Firm/Company	
	2375 East C	amelback Rd., Suite 700		
			Address	
	Phoenix, AZ	85016		
			City/State and Zip Code	
	Jeongn@gtla		d for future annual report notifica	tion)
				(doil)
For further	r information co	ncerning this matter, pleas	se call:	
	Bruce Rosett		561 650.7940	
	Nam		Area Code Daytime Telepho	ne Number
Enclosed	l is a check for t	he 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)
	Mairie	A -1-1	Stant Addance	

Mailing Address

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

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability	Company is:		
VOS Investments LLC			
(Must contai	n the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	tress of the principal office o	f the Limited Liability Company is.	
<u>Principal</u>	Office Address:	Mailing Address:	
771 NE Marine Dr.		771 NE Marine Dr.	
Boca Raton, FL 33431		Boca Raton, FL 33431	
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac	annot serve as its own Regis	istered Agent's Signature: tered Agent. You must designate an individual or	
The name and the Florida street ac	ldress of the registered agent	are:	
	CORPORATION SERVI	CE COMPANY	
	Nam	c	3

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. Ifurther 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..

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

FL

State

1201 HAYS ST

TALLAHASSEE

City

Registered Agent's Signature (REQUIRED)

32301

Zip

(CONTINUED)

	Authorized Member	Name and Address:
"MGR" = M	ападег	
MGR		James Vosotas 771 NE Marine Dr.
		Boca Raton, FL 33431
MGR		Dan Vosotas
_		71 NE Marine Dr. Boca Raton, FL 33431
(Use attachn	nent if necessary)	
CLE V: Effective date is te of filing.) If the date inse	we date, if other than the distincted, the date must be	ot meet the applicable statutory filing requirements, this date will not be listed a
CLE V: Effective date is te of filing.) If the date insecument's effect	we date, if other than the distinct the date must be attend in this block does notive date on the Department.	e specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed a
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CLE V: Effective date is te of filing.) If the date insecument's effect	ve date, if other than the distinct the date must be street in this block does not ive date on the Department provisions, if any. 2 SIGNATURE: /s/ James Vo. Signature of a This document is exert I am aware that any first listed to the street of the st	e specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed a ent of State's records.
CLE V: Effective date is te of filing.) If the date insecument's effect	ve date, if other than the distinct the date must be street in this block does not ive date on the Department provisions, if any. 2 SIGNATURE: /s/ James Vo. Signature of a This document is exert I am aware that any first listed to the street of the st	especific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed a ent of State's records. In member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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