

L21000260209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

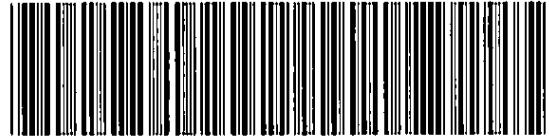
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600367401446

06/02/21--01015--024 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JUN -2 PM 1:19

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUN -4 PM 3:24

FILED



Department of State

Division of Corporations

Date: 06/02/2021

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: Velvas LLC

Requester: Achieve

Order: 13198788

COVER LETTER

**TO: New Filing Section
Division of Corporations
VELVAS LLC**

SUBJECT: _____
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:

PATRICIO FRIAS

Name of Person

CORP SV CS INTL

Firm/Company

7050 WEST PALMETO ROAD #15-300

Address

BOCA RATON, FLORIDA, 33344

City/State and Zip Code

OPERATIONS@ACHIEVEGEA.COM

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

For further information concerning this matter, please call:

PATRICIO FRIAS

305

5035983

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



Corrected

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2021

STEALTH COURIER

SUBJECT: VELVAS LLC
Ref. Number: W21000080165

We have received your document for VELVAS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The zip code is not complete in Article IV.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 121A00012031

RECEIVED
2021 JUN -4 AM 11:37
SECTION OF STATE
TALLAHASSEE, FLORIDA

FILED

2021 JUN -4 PM 3: 24

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VELVAS 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:

9907 THREE LAKES CIR
BOCA RATON, FLORIDA 33428

Mailing Address:

7050 WEST PALMETO ROAD #15-300
BOCA RATON, FLORIDA 33344

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:

PATRICIO FRIAS

Name

9907 THREE LAKES CIR

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

BOCA RATON

FL

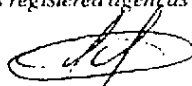
33428

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)

FILED

2021 JUN -4 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MARIA E. CAMPANA
19712 DINNER KEY DRIVE
BOCA RATON, FLORIDA 33498

AMBR

Diana Velez
19712 DINNER KEY DRIVE
BOCA RATON, FLORIDA 33498

(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:



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.

MARIA E. CAMPANA

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)