L22000065979

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.

(((H22000063308 3)))

H220000633083ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : TRAMILEX LLC
Account Number : I20150000086
Phone : (786)469-9163
Fax Number : (305)848-3716

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
CORPORACION VYV 2016 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$125.00

Electronic Filing Menu Corporate Filing Menu Help

H22000063308 3

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CORPORACION VYV 2016 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:

ROSAURA B. BORGES ABREU
Name of Person

CORPORACION VYV 2016 LLC
Firm/Company

1701 SAN PABLO RD S.
Address

JACKSONVILLE, FL 32224
City/State and Zip Code

beriozkaborges@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSAURA B. BORGES ABREU at (904) 962-8453
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $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

H22000063308 3

H22000063308 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

CORPORACION VYV 2016 LLC
(Must end with 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:**
1701 SAN PABLO RD S.	SAME ADDRESS
JACKSONVILLE, FL 32224	

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:

ROSAURA B. BORGES ABREU
Name

1701 SAN PABLO RD S.
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE	FL	32224
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)

2022 FEB 17 PM 7:38

H22000063308 3

H22000063308 3

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	
AMBR	ROSAURA B. BORGES ABREU 1701 SAN PABLO RD S. JACKSONVILLE, FL 32224

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/17/2022 (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.
ANY AND ALL LAWFUL BUSINESS

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.

ROSAURA B. BORGES ABREU
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)

H22000063308 3