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

From:
Account Name : EXPERTAX
Account Number : I20200000010
Phone : (407)777-7470
Fax Number : (321)206-9743

**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.
VELVER INVESTMENT LLC

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | $130.00 |

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850-617-6381 8/10/2022 11:35:55 AM PAGE 1/001 Fax Server

August 10, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPERTAX

SUBJECT: VELVET INVESTMENT LLC
REF: W22000103294

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Genesis R Kersey
OPS Clerk

FAX Aud. #: H22000267822
Letter Number: 722A00017845

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VELVER INVESTMENT LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIANA CAROLINA VELEZ VERANO
Name of Person

Firm/Company

2556 CROWN RIDGE CR
Address

KISSIMMEE FL 34744
City/State and Zip Code

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

For further information concerning this matter, please call:

DIANA C. VELEZ VERANO 407 407-777-7470
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☒ $150.00 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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

VELVER INVESTMENT 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: |
|---|---|
| 2556 CROWN RIDGE CR | 2556 CROWN RIDGE CR |
| KISSIMMEE FL 34744 | KISSIMMEE FL 34744 |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(A 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:

DIANA CAROLINA VELEZ VERAGO
Name

2556 CROWN RIDGE CR
Florida street address (P.O. Box NOT acceptable)

KISSIMMEE FLORIDA 34744
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.*

DCV
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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<br>"MGR" = Manager | |
| MBR | DIANA CAROLINA VELEZ VERANO<br>2556 CROWN RIDGE CR<br>KISSIMMEE, FL 34744 |
| | |
| | |
| | |

(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:

DCV

**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.

DIANA CAROLINA VELEZ VERANO
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)**

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