L24000375986

	(Requestor's Name)	· · · · · · · · · · · · · · · · · · ·
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	(Sily/State/Zip/1 Hollo IV)	
PICK-UP	wait	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
·		
Special Instructions to	Filing Officer;	

Office Use Only



900435279299

2024 AUG 29 AH 9: 47

FILED



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VVMS Holding, LI	.C	₁			
Please Debit FCA000	0000003 For: 125				
Thank you Seth Nee					
Signature Seth Nee	ey		Art of Inc. File	2024 AUG 29 AM 9: 47	
			Vehicle Search Driving Record		
Requested by:			UCC 1 or 3 File		
Name	Date Time		UCC 11 Search	_	
			UCC 11 Retrieval		
Walk-In	Will Pick Up		Courier		

COVER LETTER

10:	Division of Corporations					
eud ive	VVMS HOLDING, LL	C				
SUBJEC	.1:	Name of Limite	ed Liabili	ty Company		
The encl	osed Articles of Organization	and fee(s) are s	ubmitted	for filing.		
Please re	turn all correspondence conc	erning this matte	er to the fi	ollowing:		
	Eric P Gros-Dubois, Esq.					
			Name of	Person		
	EPGD Attorneys at Law,	P.A.				
			Firm/Coi	npany		202!
	777 SW 37th Ave., Suite	510				2024 AUG 29
	· ·		Addro	255		29
	Miami, FL 33135					SEE Gr
	eric@epgdlaw.com	City	/State and	l Zip Code	-	9: 47
	E-mail addres	s: (to be used for	r future a	nnual report notificati	ion)	
For further	r information concerning this	matter, please ca	all:			
	Eric P Gros-Dubols, Esq.	786 at (837-6787		
	Name of Person		Code	Daytime Telephon	e Number	
Enclosed	l is a check for the following a	imount:				
	00 Filing Fee ☐\$130.00 Certificate	Filing Fee & of Status	Certific	6.00 Filing Fee & d Copy Il copy is enclosed)	□\$160.00 F Certificate of Certified Co (additional cop	of Status &
	Mailing Address New Filing Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Fallahassee, Ft. 3230	issee et, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	.E I -	Name:
--------	--------	-------

The name of the Limited Liability Company is:

VVMS HOLDING, 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:

777 SW 37th Ave., Suite 510	P.O. BOX 025389		
Miami, Fl. 33135	Miami, FL 33102-5389		
	· · · · · · · · · · · · · · · · · · ·		

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:

EPGD Attorneys at La	iw, P.A.	
	Name	
777 SW 37th Ave., Su	ite 510	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Miami	FL	33135
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 divices, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F, S G

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	VICTOR VIRGILIO MENDEZ SABA
	CALLE FERNANDO ESCOBAR NO, 7, TORRE VE
	SERALLES, SANTO DOMINGO, REPUBLICA DOMINICANA
	SHARBER, SALVO DOBLEMO, KEI OBELCH POSITIVE KNA
AMBR	DULCE ORIETTA READ RUIZ
	CALLE FERNANDO ESCOBAR NO. 7, TORRE VE
	SERALLES, SANTO DOMINGO, REPUBLICA DOMINICANA
	
	2024 AUG 29
	The General Control of the Control o
(Use attachment if necessary)	
ADDICE V V. D.Condon data if when they the date	
ARTICLE V: Effective date, if other than the date	of filing: (OPTIONAI)
the date of filing.)	eccific and cannot be more than five business days prior to or 90 days after
wie uate of ming.)	meet the applicable statutory filing requirements, this date without belisted as
Note: If the date inserted in this block does not i	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.	
<u> </u>	
REQUIRED SIGNATURE:	\sim 11 \wedge 1
	5-:

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. 1 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.

Eric P. Gros-Dubois. Esq.

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)