

L24000509845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

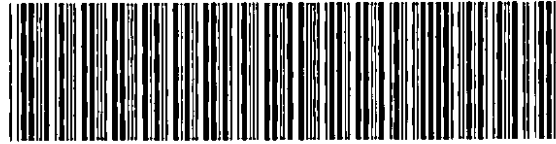
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

VKC GLOBAL ENTERPRISES LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF STATUS

CHECK: # 9977

AMOUNT: \$130.00

THANK YOU!

* RUSH*
PLEASE - NEED
TODAY IF
POSSIBLE
THANKS!

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CLERK OF COURT
JANICE L. BROWN
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: VKC GLOBAL ENTERPRISES 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:

CLARA MONTEAGUDO

Name of Person

CBA TAX SERVICES LLC

Firm/Company

7455 COLLINS AVE STE 209

Address

MIAMI BEACH FL 33141

City/State and Zip Code

INFO@CBATAXSERVICES.COM

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

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FL

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For further information concerning this matter, please call:

CLARA MONTEAGUDO 954 6084896
Name of Person at () 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VKC GLOBAL ENTERPRISES 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:

12050 SANDPIPER LANDING WAY #11407
WINTER GARDEN, FL 34787

Mailing Address:

7455 COLLINS AVE STE 209
MIAMI BEACH FL 33141

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:

VALENTINA VALENCIA

Name

12050 SANDPIPER LANDING WAY #11407

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

WINTER GARDEN

FL

34787

City

State

Zip

I, the undersigned, having been named as registered agent and to accept service of process for the above stated limited liability company at the address 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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

VALENTINA VALENCIA
12050 SANDPIPER LANDING WAY #11407
WINTER GARDEN, FL 34787

MGR

KELLY VALENCIA
12050 SANDPIPER LANDING WAY #11407
WINTER GARDEN, FL 34787

(Use attachment if necessary)

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2024 DEC 10 AM 9:57
CLERK OF STATE

ARTICLE V: Effective date, if other than the date of filing: 12/10/2024 (OPTIONAL) 90 days after the date of filing.)
(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.

IMPORT/ EXPORT, PROFESSIONAL SERVICES AND ALL LEGAL RELATED 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.

VALENTINA VALENCIA

Typed or printed name of signer

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)