

L25000001409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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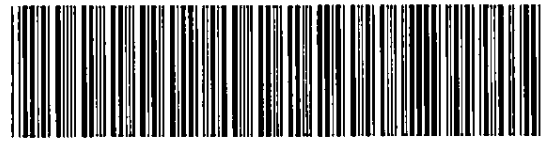
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2025 JUN -2 PM 3:47

2024 DEC 33 PM 8:29

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account J20210000160: \$130.00

Authorization Signature *Jan Teller*

VIVA Engi Vest USA LLC

Business

#Document

Walk in

Will wait

 Certified Copies of the Articles of Organization

 X Certificate of Status

NEW FILINGS

 Profit
 Not for Profit
 X LLC
 Domestication
 INC
 CORP
 OTHER

AMENDMENTS

 Amendment
 Resignation of R.A.
 Change of Registered Agent
 Dissolution/Withdrawal
 Conversion
 Statement of Authority
 Merger
 Amended and Restated Articles

OTHER FILINGS

 Annual Report
 Fictitious Name
 Statement of Authority
 APOSTIL

COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing
 Partnership
 Reinstatement
 Statement of CORRECTION
 Domestication of a Foreign Corp.
 Other

EXAMINER'S INITIALS:

2025 JUN -2 PM 9:47

FLORIDA CAPITAL COURIER SERVICES, INC
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TALLAHASSEE, FL 32309
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Authorization Signature *[Signature]*

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2025 JUN -2 PM 3:47

COVER LETTER

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

SUBJECT: VIVA EngiVest USA 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:

FLOR LOZANO DUGGER

Name of Person

2D CONSULTING ENTERPRISE LLC

Firm/Company

2750 TAYLOR AVE SUITE A-50 DOSO SUITES

Address

ORLANDO, FLORIDA 32806

City/State and Zip Code

2DCONSULTINGENTERPRISE@GMAIL.COM

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

For further information concerning this matter, please call:

FLOR LOZANO DUGGER

904

382-0889

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VIVA EngiVest USA 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:

6735 REVERIE PARK AVE
ORLANDO FL. 32829

Mailing Address:

6735 REVERIE PARK AVE
ORLANDO FL. 32829

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:

JAVIER E CONTRERAS CASTRO

Name

6735 REVERIE PARK AVE

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

ORLANDO

FLORIDA

32829

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..

Javier E Contreras Castro

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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

OLGA L VIVAS
6735 REVERIE PARK AVE
ORLANDO, FLORIDA 32829

MBR

JAVIER E CONTRERAS CASTRO
6735 REVERIE PARK AVE
ORLANDO, FLORIDA 32829

(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. THE COMPANY IS ORGANIZED TO PROVIDE SERVICES IN CIVIL ENGINEERING (DESIGN Y CONSTRUCTION) MECHANIC AND ELECTRIC ENGENIERING;ALSO,PROYECT MANAGEMENT FINANCIAL ANALISYS OF INVESTMENT PROYECTS. RESEARCH AND DEVOLPMENT OF PROYECTS. AND CONSULTING SERVICES IN RELATED ACTIVITIES. ALSO, THE COMPANY WILL DO BUSINESS IN REAL PROPERTY INVESTMENT, RENTAL, MANAGEMENT PROPERTIES AND ALL ACTIVITIES RELATED TO THIS BUSINESS.

REQUIRED SIGNATURE:

Javier E Contreras Castro

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.

JAVIER E CONTRERAS CASTRO

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)