# M5000006

	(Re	questor's Name)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Add	dress)	
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(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Cit	y/State/Zip/Phone	e #)
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AUG 03 2015 S. YOUNG

#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: VE Invesment Group, LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Erick Vasquez Name of Person
Firm/Company
8413 Titkos Dr 203
KISSIMMEE Florida 34747  City/State and Zip Code
VEINVESTMENT Group@icloud.com
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Erick Vascuez at (407 900. 6334)  Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  □ \$125.00 Filing Fee  □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status  Certificate of Status  Certified Copy  of Status & Certified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. VE Investment Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company." "L.L.C." or "LLC.")
2. NEVCCO 3.  (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4. August 01, 2015 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0004, 8, 605,0005, E.S. to determine possible liebility)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5.
8413 Tilkos Dr. Apt 203 Kissimmer FL 34747  (Street Address of Principal Office)
6. Erick Vasquez.
8413 Titles Dr Apt 203 Kissimmer +L 34747 5
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Erick Vasquez, MGR
8413 Titkos Dr 203 Kissimmee FL 34747
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Erick Vasquez, Hanager.
Signature of an authorized person  (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, 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.)

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability	Company is:	
****	VE INVESTMENT GROU	IP, LLC	
If unavailable,	the alternate to be used	d in the state of Florida is:	
2. The name a	and the Florida street ac	ddress of the registered agent and office are:	
	Business Fi	lings Incorporated	
		(Name)	_
	1200 South	Pine Island Road	
	- Florida Str	reel Address (P.O. Box NOT ACCEPTABLE)	_
	Plantation	<sub>FL</sub> 33324	753 gg
		City/State/Zip	
liability compa registered ager statutes relatin	ny at the place designat nt and agree to act in thi g to the proper and com	nt and to accept service of process for the above ted in this certificate, I hereby accept the appoin is capacity. I further agree to comply with the p aplete performance of my duties, and I am famili as registered agent as provided for in Chapter 60	tment as rovisions of all ar with and
C.	Mary J. Spa	linger, Asst. Secretary (Signaplice)	

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **VE INVESTMENT GROUP, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 1, 2015, and is in good standing in this state.

GEAL OF THE OF

BARBARA K CEGAVSKE

office on July 16, 2015.

BARBARA K. CEGAVSKE Secretary of State

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my

Electronic Certificate
Certificate Number: C20150716-1783
You may verify this electronic certificate
online at http://www.nvsos.gov/