

M20000003458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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M. SOLOMON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VV HOLDINGS, 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:

JOSEPH VECCHIO

\_\_\_\_\_  
Name of Person

VV HOLDINGS, LLC c/o ON-SITE GROUP, INC.

\_\_\_\_\_  
Firm/Company

40 QUEENS ST. #1002

\_\_\_\_\_  
Address

SYOSSET, NY 11791

\_\_\_\_\_  
City/State and Zip Code

PROPERTYMGR@ON-SITEGROUP.COM

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

For further information concerning this matter, please call:

DEBBIE SHAURIS

516

226-1036

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate 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 FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

VV HOLDINGS, LLC

1. \_\_\_\_\_  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
VV HOLDINGS NY, 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.")  
NEW YORK 83-2829381

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

9 Edward Lane

40 QUEENS ST. #1002

5. \_\_\_\_\_  
(Street Address of Principal Office)  
SYOSSET, NY 11791

6. \_\_\_\_\_  
(Mailing Address)  
SYOSSET, NY 11791

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

JOSEPH J VECCHIO

Name:

123 LAKESHORE DRIVE, UNIT 1745

Office Address:

NORTH PALM BEACH

33408

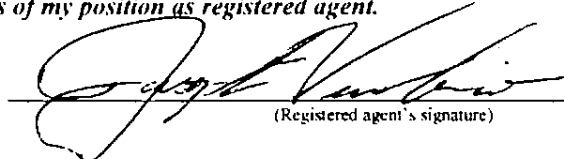
(City)

, Florida

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

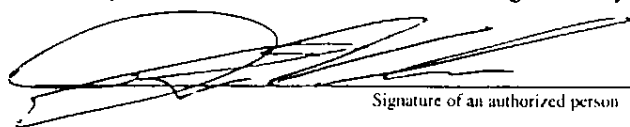
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: JOSEPH J. VECCHIO	<input checked="" type="checkbox"/> Manager	Name: JOSEPH M. VECCHIO
<input checked="" type="checkbox"/> Member	Address: 123 LAKESHORE DR	<input type="checkbox"/> Member	Address: 9 EDWARD LANE
<input type="checkbox"/> Authorized	UNIT 1745	<input type="checkbox"/> Authorized	SYOSSET, NY 11791
Person	NORTH PALM BEACH, FL 33408	Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: CHERYL VECCHIO	<input type="checkbox"/> Manager	Name: DEBBIE SHAURIS
<input type="checkbox"/> Member	Address: 40 UNDERHILL BLVD.	<input type="checkbox"/> Member	Address: 40 UNDERHILL BLVD.
<input checked="" type="checkbox"/> Authorized	SUITE 2D	<input checked="" type="checkbox"/> Authorized	SUITE 2D
Person	SYOSSET, NY 11791	Person	SYOSSET, NY 11791
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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TALLAHASSEE, FLORIDA

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

  
Signature of an authorized person

JOSEPH M. VECCHIO  
\_\_\_\_\_  
Typed or printed name of signee

**State of New York**  
**Department of State** } ss:

I hereby certify, that VV HOLDINGS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/06/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of VV HOLDINGS, LLC was filed on 02/04/2019.

I further certify, that no other documents have been filed by such Limited Liability Company.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 04th day of March two  
thousand and twenty.*

*Brendan C. Hughes*

Brendan C Hughes  
Executive Deputy Secretary of State

VV Holdings, LLC  
40 Queens St. #1002  
Syosset, NY. 11791  
Ph: 516-226-1036

March 31, 2020

Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida. 32314

RE: Letter Number 820A00006532 Alternate name Request

Thank you for your letter dated 3/25/2020 advising receipt of our paperwork to register VV Holdings LLC in the state of Florida. As requested, I have added an alternate name on page 2. Please find enclosed the original paperwork including the change on page 2. I understand this is all that is required to finalize our registration. Our check for \$125 was mailed with the prior mailing and is in the State Departments possession.

If you have any questions, please do not hesitate to contact me.

Regards,

VV Holdings, LLC

  
Cheryl Vecchio  
Agent for VV Holdings, LLC

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APR 06 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2020

JOSEPH VECCHIO  
VV HOLDINGS, LLC C/O ON-SITE GROUP, INC  
40 QUEENS ST. #1002  
SYOSSET, NY 11791 US

We have received your document for VV HOLDINGS, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable : "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang  
Regulatory Specialist II

Letter Number: 820A00006532

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