

M 21000003421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

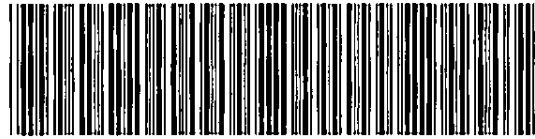
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000019507

Office Use Only



800359273858

02/05/21--01010--003 **125.00

FILED
2021 MAR 25 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FL

US
3/25/21

VITALITY PROPERTY SOLUTIONS, LLC

3/11/2021

RE: Rejected filing Document #: W21000019507

To Whom It May Concern,

VITALITY PROPERTY SOLUTIONS, L.L.C. Florida Document #:
L20000335787 was domestically formed in Florida on 10/23/2020 and was
voluntarily dissolved on 12/29/2020.

LLC Principal Address: 11380 SW Hillcrest Cir Port St Lucie FL, 34987

LLC Mailing Address: 11380 SW Hillcrest Cir Port St Lucie FL, 34987

Registered Agent: Christella Dorval

Registered Agent address: 11380 SW Hillcrest Cir Port St Lucie FL, 34987

LLC Managers: Christella Dorval and Andre Dorval

LLC Manager Address: 11380 SW Hillcrest Cir Port St Lucie FL, 34987

We would like to release the LLC name: VITALITY PROPERTY SOLUTIONS, LLC. I have no intention on revoking the voluntary dissolution we filed in December 2020. I would like to allow the entity the right to register the foreign (Nevada) LLC as VITALITY PROPERTY SOLUTIONS, LLC.

Thank you. If you have any questions, you can reach me at (772) 359-6192.

Thank you for your time,

X 
Christella Dorval, Manager

VITALITY PROPERTY SOLUTIONS, L.L.C and
VITALITY PROPERTY SOLUTIONS, LLC

X 
Andre Dorval, Manager

VITALITY PROPERTY SOLUTIONS, L.L.C and
VITALITY PROPERTY SOLUTIONS, LLC

2021 MAR 25 PM 3:47

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VITALITY PROPERTY SOLUTIONS, 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:

Christella & Andre Dorval

Name of Person

VITALITY PROPERTY SOLUTIONS, LLC

Firm/Company

11380 Sw Hillcrest Cir

Address

Port St. Lucie, FL 34987

City/State and Zip Code

christella_@msn.com

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

For further information concerning this matter, please call:

Christella Dorval

Name of Contact Person

at (772)

Area Code

359-6192

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:

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

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2021 MAR 25 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

1. VITALITY PROPERTY SOLUTIONS, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. NEVADA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI 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)

5. 11380 SW HILLCREST CIR

(Street Address of Principal Office)

PORT ST. LUCIE, FL 34987

6. 11380 SW HILLCREST CIR

(Mailing Address)

PORT ST. LUCIE, FL 34987

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

Name: NCH Registered Agent

Office Address: 7901 4th St N Ste 300

St. Petersburg, Florida 33702

(City)

(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.

BY: [Signature]
(Registered Agent's Signature)

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):

Title or Capacity: Name and Address:
☒ Manager Name: Christella Dorval
☐ Member Address: 11380 Sw Hillcrest Cir
☐ Authorized Port St. Lucie, FL 34987
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☒ Manager Name: Andre Dorval
☐ Member Address: 11380 Sw Hillcrest Cir
☐ Authorized Port St. Lucie, FL 34987
Person _____
☐ Other _____ ☐ Other _____

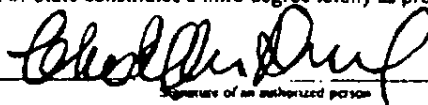
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

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

Christella Dorval

Typed or printed name of signer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected 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, corporations sole, 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, **VITALITY PROPERTY SOLUTIONS, LLC**, as a DOMESTIC LIMITED LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/14/2020, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/04/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202101041326602

You may verify this certificate
online at <http://www.nvsos.gov>