

5/7/2021

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
The VOS Group, llc**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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2021 MAY 10 AM 10:46

FOREIGN LIMITED LIABILITY COMPANY

SECRETARY OF STATE  
MAILING SERVICE, FL

2021 MAY 10 PM 4:48

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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. The VOS Group, llc  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

VOS Enterprises International, 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. Wyoming 3. 811297808  
(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)

5. 109 E 17th street 6. 7901 4th St N  
(Street Address of Principal Office) (Mailing Address)

STE 5133 STE 300

Cheyenne WY 82001 St. Petersburg FL 33702

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702  
(City) (Zip code)

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TALLAHASSEE, FL

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.

Bill Hume

(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: LaDawn Townsend  
☒ Member              Address: 300 SE 2nd Street Suite 600  
☐ Authorized              Fort Lauderdale, FL 33301  
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: LaDawn Townsend  
☒ Member              Address: 109 E 17th street STE 5133  
☐ Authorized              Cheyenne, WY 82001  
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.

Riley Park

Signature of an authorized person

Riley Park

Typed or printed name of signee

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that

**The VOS Group, a Wyoming Profit Corporation**  
**Converted to**

**The VOS Group LLC, a Wyoming Limited Liability Company**

**On December 6, 2016**

I FURTHER CERTIFY that said entity is in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution. This entity has been assigned entity identification number **2016-000705129**.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 26th day of April, 2021 at 11:27 AM. This certificate is assigned ID Number 044063731.



*Edward A. Buchanan*  
Secretary of State