M21000016745

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(City/State/Zip/Phone #)
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S. HAWKES DEC_= 2021



December 9, 2021

VA LLC 1902 CAMELOT BLVD SHEBOYGAN, WI 53081

SUBJECT: VA LLC

Ref. Number: W21000156581

We have received your document for VA LLC and check(s) totaling \$130.00. 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.

Suzanne Hawkes Regulatory II

Letter Number: 021A00029615

COVER LETTER

Registration Section

TO:

Divisi	on of Corporations				
SUBJECT:	/A LLC				
	Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida			
Please return al	Il correspondence concerning this matter to	o the following:			
	VA VANG				
		Name of Person			
	VA LLC				
		Firm/Company			
	1902 CAMELOT BLVD				
		Address			
	SHEBOYGAN, WI 53081				
	Ci	ity/State and Zip Code			
	VAVANG84@GMAIL.COM				
	E-mail address: (to be	used for future annual report notification)			
For further info	rmation concerning this matter, please call	l :			
VA V	ANG	920 254-5330 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
	ng Address: stration Section	Street Address: Registration Section			
Divis	ion of Corporations	Division of Corporations			
P.O. 1	Box 6327	The Centre of Tallahassee			
Tallal	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	ed is a check for the following amount: make check payable to: FLORIDA DEPA	ARTMENT OF STATE			
	5.00 Filing Fee \$130.00 Filing Fee Certificate of	& 🗆 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate			

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

INCOMPLANT HITTISKE COMPAN TOTRANSKERK	INON OOSONOS ELORIDASI ALTSES JEHET OI SINESSEN TITE STATE OFEE ORIDA	DHAGA	«МЭКЛИНЭ ТОЛЬОВИНСА <u>Г</u> О	MAXIN TINI	77-17-17-17-17-17-17-17-17-17-17-17-17-1	
LVALUC						
(NAME OF THE OW)	limited Liability Company, and include "Limited	Liabilits Con	ogenis III o TIC TO	· · ·		
VA HARVEST LL	C					
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WISCONSIN 2		, X7-	-3587696			
the rolls from mades the low as which to occupy limited liability company to organizable		.,	5 Filmmher it spinisher.			
¹ 15यमकार 1 2 ०८	7 3004					
	(Dane first planton (ed bosoness in Florida) if price to re (See, sections 60), (881) 2, (81) (881), 5, 5, to determine	gestrition i e penalty liabili	TV)			
1902 CAMELOT BLVD 5			ME AS PRINCIPAL OFFICE			
Street Address of Principal Offices		6	«Mading Address»			
SHEBOYGAN, WI 53	[80]					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				رتت	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acce	ptable)		(<u></u>)	
Nanie	CALVIN YANG				9-3	
					PH	
Office Address:	6844 Highlands Cr	ee k	··••	[^}¢/; 	₽N փ փ5	
	6844 Highlands Cr. Lakeland, FL		, Florida	ATE	ည	
Registered agent's accep						

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 my registered agent.

(Regulated agant's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage lup to six (6) totall: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: JOHN LOR Name: VA VANG □Manager □Manager Address: _____ Address: ____ ■Member ■Member SHEBOYGAN, WI 53081 SHEBOYGAN, WI 53081 □Authorized □ Authorized Person Person □Other_____ □Other_____ □Other_____ □Other_____ Name: □Manager Name: □Manager Address: ☐ Member □Member Address: _____ □ Authorized ☐ Authorized Person Person ☐Other_____ □Other____ □Other □Other____ Name: □Manager □Manager Name: _____ □Member Address: ____ □Member Address: □ Authorized ☐ Authorized Person Person □Other____ □Other_____ □Other □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 \$.817.155, F.S.

VA VANG

Typed or printed name of signer

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

VA LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is November 16, 2021.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on November 18, 2021.

PATTI EPSTEIN, Administrator

Division of Corporate and Consumer Services

Department of Financial Institutions

DFI Corp 33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

" thin code: 215353 D15131D1