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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 : (954)385-5175 Fax Number

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

Foreign Limited Liability Company VG WEALTH LLC

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COVER LETTER

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V SUBJECT:	G WEALTH LLC				
onanci	Nan	ne of Limited Liability Company			
he enclosed ". kistence, and	Application by Foreign Limited Liability check are submitted to register the above	r Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida			
lease return al	ll correspondence concerning this matter	to the following:			
	DIEGO FIGUEROA				
		Name of Person			
	E & F LATIN GROUP , L.L	C			
	Firm/Company				
	1820 N CORPORATE LAKES BLV	D SUITE 109			
		Address			
	WESTON FL 33326				
		City/State and Zip Code			
	DIEGO@EFLATINACCOUNTING.C	СОМ			
	E-mail address: (to	be used for future annual report notification)			
For further info	ormation concerning this matter, please c	rall:			
DIEG	GO FIGUEROA	954 3848565 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Please	sed is a check for the following amount: make check payable to: FLORIDA DE 25.00 Filing Fee \$130.00 Filing F Certificate	PARTMENT OF STATE lee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate			

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: VG WEALTH 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 ahermate name must include "Limited Liability Company," "L.L.C," or "LLC"." (I gird,ction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 04/01/2023 (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904-3, 605,0905, F.S., to determine negative liability). 1820 N CORPORATE LAKES BLVD 1820 N CORPORATE LAKES BLVD 6. (Masting Address) 5. (Street Address of Principal Office) SUITE 109 SUITE 109 WESTON FL 33326 WESTON FL 33326 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) E & F LATIN GROUP , L.L.C. Name: 1820 N CORPORATE LAKES BLVD, STE 109 Office Address. WESTON Registered agent's acceptance: Having been named as registered agent and to accept vervice 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.



8. For initial indexing purposes, fist 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: Title or Capacity: □ Manager □ Manager 1820 N CORPORATE LAKES Member Member Authorized **W** Authorized WESTON FL 33326 Person Person Other Other Other □ Manager □ Manager □Member □ Member Authorized □ Authorized Person Person

□Manager	Name: Vivial and American	□Munager	Name:
□Member	Address:	□Member	Address:
□Authorized	A CAN THE ACT AND THE TANK THE	□Authorized	
Person	Water Market State of the Control of	l'erson	A Company of the Comp
□Other 5	⊕Other	□Other '	Other of Street

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

CARLOS ALBERTO VELASQUEZ ROMERO

Typed or printed name of signey

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VG WEALTH LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VG WEALTH LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204957912

Date: 11-29-22

6638616 8300 SR# 20224124816