## P14000076855

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
MAIL WAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
WH-56333

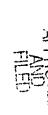
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RECEIVED 14 SEP 16 PH 12: 17
14 SEP 15 AM 10: 58 SECRETARY OF STREE
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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com

Office	Use	$\Omega$ nlv		
911194				

## CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. VML Grou	up Services, Inc	·• <u>·</u>	
(CORPORATE NAME)		(DOCUMENT #)	
2. (CORPORATE NAME)		(DOCUMENT #)	
3(CORPORATE NAME)		(DOCUMENT #)	
☐ Walk-In 🗡 🏖	ck up time:	ed Copy Certificate Of Status	
New Filings	/Amendments \	. JOthér Filings	
rofit \	Amendments	Annual Report	
on-Profit	Resignation	Fictitious Name	
	Resignation  Dissolution/Withdraw		
on-Profit imited Liability other:			

Examiners Initials



September 16, 2014

**EXPRESS CORPORATE FILING SERVICES** 

SUBJECT: VML GROUP SERVICES, INC.

Ref. Number: W14000056333

We have received your document for VML GROUP SERVICES, INC. and your check(s) totaling \$315.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 014A00019743





The name of the corpor	ME ation shall be: VML GROUP	SERVICES, INGEP 16 PM 12: 17
ARTICLE II PR	INCIPAL OFFICE Principal street address 6 STREET	SECRETARY OF STATE Mailing address; if different, is joint
STE 213		
VIRGINIA GAF	RDENS, FL 33166	
	RPOSE the corporation is organized is: ALL LAWFUL BUSINE	ESS
	f stock is:  TIAL OFFICERS AND/OR DIRECTO  VICTOR MANUEL RODRIGUEZ LEAL	- <del></del>
Name and Titl	e: 6555 NW 36 STREET	Name and Title:
Address	STE 213	Address:
	VIRGINIA GARDESN, FL 33166	
Name and Title	::	Name and Title:
Address		Address:
Name and Title	:	Name and Title:
Address		Address:



14 SEP 16 PM 12: 17

Name a	VICTOR MANUEL RODRIGUEZ LEAL and Title:	Name and Title:_	OFFI
Addre:	6555 NW 36 STREET	Address:	SECHETART OF STATE TALLAMASSEE TO ORIDA
	STE: 213		
	VIRGINIA GARDENS, FL 33166	-	
ARTICLE VI	REGISTERED AGENT		
The name and I	Florida street address (P.O. Box NOT acceptable) of	of the registered ager	nt is:
Name:	VICTOR MANUEL RODRGUEZ LEAL		
Address:	6555 NW 36 STREET STE 213	3	
	VIRGINIA GARDENS, FL 33166	<del>-</del>	
ARTICLE VII	INCORPORATOR		
The name and a	address of the Incorporator is:		
Name:	VICTOR MANUEL RODRGUEZ LEAL		
Address:	6555 NW 36 STREET STE 2	13	
	VIRGINIA GARDENS, FL 33166		
	med as registered agent to accept service of proces am familiar with and accept the appointment as re		
. 2/2	An Andrew		SEPT. 12, 2014
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree feloi		
	- Locks Booking		SEPT. 12, 2014
	Required Signature/Incomporator		Date