

P240000006267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

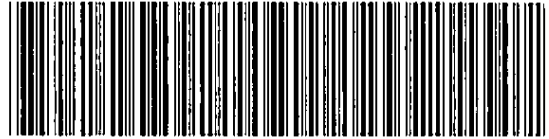
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800420925128

12/27/23--01010--006 **128.75

2024 Jan 2 11:53:26

COVER LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: VVT Group Inc

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

From: Accounting & Business Consulting LLC

Name (printed or typed)

5 E College Dr., Ste 203

Address

Arlington Heights, IL 60004

City, State & Zip

773-707-7773

Daytime Telephone Number

reception@llcabc.com

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

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Victor Tipa, President
(Name) (Title)

of VVT Group Inc, a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is VVT Group Inc
(Foreign Corporation)
2. The jurisdiction and date of its formation is North Carolina, 4/8/2022
3. The name of the domesticated corporation is VVT Group Inc
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

Victor Tipa
(Authorized Signature)

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

VVT Group Inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

485 Brickell Ave

Unit 4703

Miami, FL 33131

Mailing Address

485 Brickell Ave

Unit 4703

Miami, FL 33131

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

The transaction of any and all lawful business for which corporations may be incorporated under the Florida Statutes.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

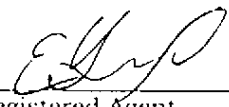
THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

ACCOUNTING & BUSINESS CONSULTING FL LLC

485 BRICKELL AVE UNIT 4703

MIAMI, FL 33131

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



Signature/Registered Agent

12.14.2023

Date

2023 DEC 14 PM 3:05
6

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Victor Tipa, President

Address: 485 Brickell Ave Unit 4703

Miami, Florida 33131

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that 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.

Victor Tipa
Signature/Authorized Person

12.14.2023
Date

11:52:26

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Victor Tipa President
(Name) (Title)

of VVT Group Inc, a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is VVT Group Inc
(Foreign Corporation)
2. The jurisdiction and date of its formation is North Carolina, 4/8/2022
3. The name of the domesticated corporation is VVT Group Inc
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

Victor Tipa
(Authorized Signature)

2024 JAN 27 11:56:26

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

VVT Group Inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

485 Brickell Ave

Unit 4703

Miami, FL 33131

Mailing Address

485 Brickell Ave

Unit 4703

Miami, FL 33131

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

The transaction of any and all lawful business for which corporations may be incorporated under the Florida Statutes.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

ACCOUNTING & BUSINESS CONSULTING FL LLC

485 BRICKELL AVE UNIT 4703

MIAMI, FL 33131

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



Signature/Registered Agent

Date

12.14.2023

2024 Jan 21 11:53

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Victor Tipa, President

Address: 485 Brickell Ave Unit 4703

Miami, Florida 33131

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that 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.

Victor Tipa
Signature/Authorized Person

12.14.2023
Date

2023
12 / 14 / 2023