850-617-6381 3/18/2025 9:50:50 AM PAGE 1/002 Fax



Department of State

I certify the attached is a true and correct copy of the Articles of Organization of F&VG CORPORATION LLC, a limited liability company organized under the laws of the state of Florida, filed on March 17, 2025, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H25000099530. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below

The document number of this limited liability company is L25000115702.

Authentication Code: 825A00005741-031825-L25000115702-1/1



Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Eighteenth day of March, 2025

Secretary of State

March 18, 2025

F&VG CORPORATION LLC 19, KARAMANLI AVE. VOULA ATHENS, 16673GR

The Articles of Organization for F&VG CORPORATION LLC were filed on March 17, 2025, and assigned document number L25000115702. Please refer to this number whenever corresponding with this office.

The certification you requested is enclosed. To be official, the certification for a certified copy must be attached to the original document number that was electronically submitted and filed under FAX audit number H25000099530.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. It is your responsibility to remember to file your annual report in a timely manner.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

https://sa.www4.irs.gov/modiein/individual/index.jsp.

Please be aware if the limited liability company address changes, it is the responsibility of the limited liability to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Letter Number: 825A00005741

Jazmine N Ardley Regulatory Specialist II New Filing Section Division of Corporations

# (((H25000099530 3)))

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must co			
	ontain the words "Limited Lial	bility Company	y, "L.L.C.," or "LLC.")
RTICLE II - Address:			
e mailing address and stree	t address of the principal offic	e of the Limite	d Liability Company is:
<u>Princ</u>	ipal Office Address:		Mailing Address:
19, KARAMANL	I AVE.	19,	KARAMANLI AVE.
VOULA ATHENS	S GREECE 16673	VC	OULA ATHENS GREECE 16673
he Limited Liability Compa	Agent, Registered Office, & I ny cannot serve as its own Re n active Florida registration.)		
he Limited Liability Compa other business entity with a	ny cannot serve as its own Re	gistered Agent	
he Limited Liability Compa other business entity with a	ny cannot serve as its own Re n active Florida registration.)	gistered Agent	
he Limited Liability Compa other business entity with a	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag  Registered Agents Inc.	gistered Agent	
he Limited Liability Compa other business entity with a	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag  Registered Agents Inc.	gistered Agent ent are:	
he Limited Liability Compa other business entity with a	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag  Registered Agents Inc.  N	gistered Agent ent are: ame	You must designate an individual
he Limited Liability Compa other business entity with a	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag  Registered Agents Inc.  N  7901 4th Street N, Ste 30	gistered Agent ent are: ame	You must designate an individual

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

# (((H25000099530 3)))

### **ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	IOANNIS FILOPOULOS	
MINIDIC	19, KARAMANLI AVE.,	
	VOULA ATHENS GREECE 16673	
AMBR	ANNA VLACHOU GIANNAKOPOULOU  19, KARAMANLI AVE.,  VOULA ATHENS GREECE 16673	
	19, KAKAMANLI AVE.,	
	VOULA ATHENS GREECE 100/5	
(Use attachment if necessary)		
(Ose attachment if necessary)		
ADTICLE V. Effective data if other than the	e date of filing: (OPTIONAL)	
ARTICLE V: Effective date, if other than the	e date of finng: (OPTIONAL)	e,
	be specific and cannot be more than five business days prior to or 90 days	s atter
he date of filing.)		
	s not meet the applicable statutory filing requirements, this date will not be l	listed as
the document's effective date on the Depart	ment of State's records.	
ADTRICLE DATE Of the Control of the		
ARTICLE VI: Other provisions, if any.		
		_
<b>REOUIRED SIGNATURE:</b>	75	
Signature of	f a member or an authorized representative of a member.	

Signature of a member or an authorized representative of a member. 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.

ANNA VLACHOU GIANNAKOPOULOU

Typed or printed name of signee

## **Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)