

A900000011B

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

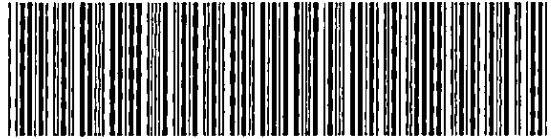
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100322446901

01/03/19--01002--008 \*\*95.00

19 JAN -2 PM 13:37  
FILED  
2019 JAN -2 PM 10:08  
CLERK OF CIRCUIT  
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 9 2019

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 01/02/19

☐ **CERTIFIED COPY**

☒ **PHOTOCOPY**

☐ **CUS**

☒ **FILING**

**FOREIGN**

1. **VECTOR 35 INC.**  
(CORPORATE NAME AND DOCUMENT #)

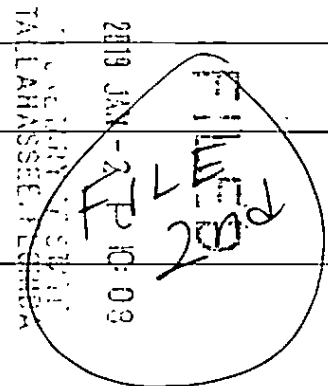
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)



**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 3, 2019

CORPORATE ACCESS, INC.

SUBJECT: VECTOR 35 INC.  
Ref. Number: W19000000436

We have received your document for VECTOR 35 INC. and your check(s) totaling \$95.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of conversion must be filed first.

Please return 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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 619A00000093

19 JAN -8 AM 10:48

FILED  
2019 JAN -2 PM 10:08  
ALBANY STATION

File 2nd

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
VECTOR 35 INC.

**SUBJECT:** \_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:  
J. MARK INGRAM

_____	Name of Person
CORRIDOR LEGAL COUNSEL, PLLC	
_____	Firm/Company
106 N. ORLANDO AVENUE	
_____	Address
COCOA BEACH, FLORIDA 32931	
_____	City/State and Zip code
jamendt@rasi.com	
_____	
E-mail address: (to be used for future annual report notification)	

**FILED**  
2019 JAN - 2 PM 10:00  
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

J. MARK INGRAM	321	252-9274
_____	at (_____) _____	
Name of Person	Area Code	Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

VECTOR 35 INC.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

DELAWARE

2. \_\_\_\_\_ 3. 47-2801750  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

December 31, 2018

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

2101 WAVERLY PL. STE 300. MELBOURNE, FLORIDA 32901

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JORDAN WIENS

Office Address: 2101 WAVERLY PL. STE 300

MELBOURNE 32901  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

  
\_\_\_\_\_  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED  
2018 JAN - 2 PM 10:08  
TALLAHASSEE, FLORIDA  
CLERK OF THE COURT

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: JORDAN K WIENS  
329 RIO VILLA BLVD  
Address: INDIALANTIC, FL 32903

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: PETER LAFOSSE  
2078 BRIG ST  
Address: WEST MELBOURNE, FL 32904

Director: JOHN R. WAGNER  
971 HOLLISTER DRIVE  
Address: WEST MELBOURNE, FL 32904

**B. OFFICERS**

President: \_\_\_\_\_  
Address: \_\_\_\_\_

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

FILED  
2010 JAN - 2 10 08  
TALLAHASSEE, FLORIDA

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Jordan Wiens  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is 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.

13. JORDAN WIENS C  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VECTOR 35 INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VECTOR 35 INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2018.

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

FILED  
2019 JAN -2 PM 10:09  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

7217350 8300

SR# 20190006105

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202001923

Date: 01-02-19