

(Req	uestor's Name)	
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(City/	State/Zip/Phone	#)
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(Busi	ness Entity Nam	ne)
(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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TALLAHASSEE FLORIDA 2019 HAY 24 PH 4: 43 _

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TALLAHASSEE FLORIDAD 19 MAY 24 PH 2: 01 RECEIVED

Y SCOTT MAY 2 8 2019

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE :

AUTHORIZATION :

77988510

LORIDA

4:43

COST LIMIT : \$ 70

ORDER DATE : May 24, 2019

ORDER TIME : 10:59 AM

ORDER NO. : 779865-005

CUSTOMER NO: 7639351

FOREIGN FILINGS

NAME: VECTORGLOBAL FAMILY OFFICE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: VECTORGLOBAL FAMILY OFFICE, INC.

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:

Carlos Gadala-Maria			
Name of Person			
VectorGlobal WMG, Inc.		<u> </u>	
Firm/Company		610	
1001 Brickell Bay Dr, Suite 1900		ЧЧ	••
Address	120	24	
Miami, FL 33131	بلياً	PH	. •
City/State and Zip code	801 101	4	
accounting@vectorglobalwmg.com		ťΞ	
E-mail address: (to be used for future annual report not	fication)		

For further information concerning this matter, please call:

Oscar Mejiaat (_____305_)350-3352Name of PersonArea CodeDaytime 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:

ST0.00 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.

1.	VECTORGLOBA	۱L	FAMILY	OFFICE,	INC

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

	(If name unavaila	able in Florida, enter alternate corporate na	me ado	pted for the purpose of trans	acting busir	ness in F	lorida)
2.		Delaware	3.	84-1861	248		
	(State or countr	y under the law of which it is incorporated)		(FEI number.		c)	
4.	N	May 22, 2019	5.				
	(Date	of incorporation)		(Date of duration, if o	ther than po	erpetual)	
6.							
		(Date first transacted busine: (SEE SECTIONS 607.1501 & 60		orida, if prior to registration) , F.S., to determine penalty li		2019	
7		1001 Brickell Bay Dr, Suite 1900), Mia	mi, FL 33131		ЫŅ	
		(Pri	ncipal	office address)	SEE.	2019 HAY 24 F	•••••
		(Current ma	ailing a	ddress. if different)	ASSEE FLORIDA	FM 4:43	
8.	Name and stree	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	2	ω	
	Name:	Corporation Service Company					
Of	ffice Address:	1201 Hays Street					
		Tallahassee		32301 , 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.



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.

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

A. DIRECTORS

Chairman:	Carlos Gadala-Maria	
Address:	1001 Brickell Bay Dr, Suite 1900, Miami, FL 33131	
Vice Chairman:	Claudia Batile 1001 Brickell Bay Dr, Suite 1900, Miami, FL 33131	
Address:		
Director:	Oscar Mejia	
•	1001 Brickell Bay Dr, Suite 1900, Miami, FL 33131	
Director:		TA: 2
B. OFFICER		E. FLOR
	Carlos Gadala-Maria 1001 Brickell Bay Dri, Suite 1900, Miami, FL 33131	
Vice President:		
Address:		
Secretary:		· · · · · · · · · · · · · · · · · · ·
Address:		
Treasurer:		
Address:		
NOTE: If neo	cessary, you may attach an addendum to the application/listing add \mathcal{L}	itional officers and/or directors.
12		
are true and th	director signing this document (and who is listed in number 11 about the or she is aware that false information submitted in a document felony as provided for in s.817.155, F.S.	ove) affirms that the facts stated herein to the Department of State constitutes

13.	Carlos Gadala-Maria - President & Director
	(Typed or printed name and capacity of person signing application)



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VECTORGLOBAL FAMILY OFFICE, 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 TWENTY-FOURTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VECTORGLOBAL FAMILY OFFICE, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF MAY, A.D. 2019.

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



scretary of State

Authentication: 202893770 Date: 05-24-19

7432751 8300

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SR# 20194506035 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1