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SECRETARY OF STATE

TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: VKS, LLC (Name of Lim	ited Liability Company)			
Florid	closed "Application by Foreign Limited Lia	bility Company for Authorization to Transact Business in shmitted to register the above referenced foreign limited			
Please return all correspondence concerning this matter to the following:					
Peter E. Bernardin (Name of Person)					
	The Plunkett Law Firm, PC				
	(Fir	m/Company)			
194 Essex Street					
		(Address)			
	_Salem, Massachusetts 01	.970			
		ate and Zip Code)			
For further information concerning this matter, please call:					
	Data and E. Barratan data	at (978) 744-9944			
	Peter E. Bernardin (Name of Person)	at (<u>978</u>) <u>744–9944</u> (Area Code & Daytime Telephone Number)			
	(Hame of Follow)	(Thea code to ba) time Total none Transcol)			
	STREET ADDRESS:	MAILING ADDRESS:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
409 E. Gaines Street		P.O. Box 6327			
	Tallahassee, Florida 32399	Tallahassee, Florida 32314			
Enclos	sed is a check for the following amount:				
	■\$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company) (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) December 1, 2004 (Date of Organization) 5. Perpetua1
(Duration: Year limited liability company will cease to exist or "perpetual") July 15, 2005 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 11 Nahant Street, Marblehead, MA 01945 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here x 9. The name and usual business addresses of the managing members or managers are as follows: Stephen K. Valle, 11 Nahant St., Marblehead, MA 01945 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate Development Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Stephen K. Valle

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of VKS, L	the Limited Liability Com	pany is:		
2. The name and	d the Florida street address	of the registered a	gent and office are:	กเก่ร <u>ี</u> 05
	CT Corporation Sy	stem		
	05 AUG 11 PM			
	1200 South Pine Island Road			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			105 AUG 11 PM 1:35
	Plantation,	FI.	33324	٥,
		City/State/Zip		-
liability company agent and agree relating to the pr	ned as registered agent and at the place designated in to act in this capacity. I fur oper and complete perform position as registered agents. (Signature)	this certificate, I her ther agree to compl ance of my duties, a	reby accept the appointny y with the provisions of nd I am familiar with an	ment as registered all statutes ad accept the
SALVINA AMEN	TA-GRAY	J		
epecial assistan	T SICRETARY			
منطوع مؤسوده والمعلمان والمعلمين والمعالمين	\$ 100.00	Filing Fee for A	pplication	
	\$ 25.00	-	Registered Agent	
	\$ 30.00	Certified Copy	(optional)	

\$ 5.00 Certificate of Status (optional)



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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VKS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JUNE, A.D. 2005.



Darriet Smith Hindson
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3940750

DATE: 06-10-05

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