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SECRETY OF STATE

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EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: VSS_ LLC (Name of Limite	ed Liability Company)
	lity Company for Authorization to Transact Business in mitted to register the above referenced foreign limited
Please return all correspondence concerning this mat	ter to the following:
THOMAS P. WALSH	
	e of Person)
VSS LLC	
(Firm	(Company)
239 FOURTHAR.	Sre. 1917
(A	Address)
PITTSBURGH, PA!	SZZZ PROPERTY OF THE PROPERTY
(City/State	and Zip Code)
For further information concerning this matter, please	, we
THOMAS P. WALSH	at (800) 422-5567
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
	Division of Corporations
	Clifton Building
·	2661 Executive Center Circle Fallahassee, FL 32301
· ·	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. VS5 L	L < cign Limited Liability Compa					_
(Name of Fore	ign Limited Liability Compa	any; must include "	Limited Liability C	Company," "L.L.C.," or	"LLC.")	
(a)(0)	enter alternate name adopted	sent (o	mpany	<u>uc</u>		_
(If name unavailable,	enter alternate name adopted	d for the purpose of	f transacting busine	ss in Florida and attach	a copy of th	e writter
Company," "L.L.C.,"	ers or managing members ad "LLC.")	opung the alternate	e name. The alterna	ite name must include ".	Limited Liai	onity
	ŕ					
2. (Jurisdiction under	YE VASIA the law of which foreign lin	3	57.05	Sumber if applicable)		_
company is organiz	ed)	nico naonay	(ILII	aumoci, ii appiicabicj		
4. 9.6	. Z006	5	PERPE	TVAL		
(Dai	te of Organization)		(Duration: Year lin	nited liability company	will cease to)
			exist or "perpetual	,		
6. UPON Q	(Date first transacted	<i>y</i>			52.0	44.2
	(See sections 608.501	business in Florida & 608.502 F.S. to d	i, if prior to registra letermine penalty li	ition.) ability)		CO
n 930 /=	The second second second	وصد محب			AR	经
1. <u>2776</u>	OURTH AUE.	2/2/7/	<u> </u>			−¹ ©
PUTSE	URBH PA 15	222			84	
	(5	Street Address of P	rincipal Office)	· · · · · · · · · · · · · · · · · · ·	-n-15	
9 If limited liabil	ity company is a manag	or managad as	maans ahaaleha		551	PH 12: 49
o. II minica naon	ity company is a manag	ci-manageu con	npany, check ne	ic [_]	프림	<u></u>
9. The name and	usual business addresses	s of the managir	ng members or n	nanagers are as follo	ows:	_
		_	_	•		
THOMAS!	COMMEN 50	83 Mapa	2257 JA	Secretary a	4441	1/2
			•			
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	inal certificate of existence, no					
	he law of which it is organized			certificate is in a foreign	n language, a	
uansianon or the centil	icate under oath of the translat	or must be submitted	a.)			
11. Nature of bus	iness or purposes to be	conducted or pro	omoted in Florid	la: TEMPORT	ey	
_		•				
HELP	PROVIDER	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	_ •
	2	$\overline{2}$	_			
	Signature of a mem	ber or an author	rized representat	ive of a member		
	(In accordance with section	on 608.408(3), F.S., tl	he execution of this d	ocument constitutes		
	an affirmation under the			rein are true.)		
		ed or printed nar				
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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 the Limited Liability Company is:	
VSS LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
CALLOS MANAGENEROT COMPANY LLC	
2. The name and the Florida street address of the registered agent and office are:	
	AND SEC
DUANE SELC	
(Name)	455
74 LACOSTA NOROMS FL 3427.	me o
Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH 12: 4
Nokoys, FL 34275	R 6
City/State/Zip	

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

AUGUST 28, 2008

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

VSS, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 7593823-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp