# M0900004771

(Requestor's Name)
(Address)
(Address)
(13.11)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinest Humber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



100162138101

12/07/09--01060--013 \*\*160.00

OPDEC -7 PM 3: 12

#### **COVER LETTER**

ECT:	Vx	Capital Partners, LLC	
		Name of Limited Liability Company	
closed "Application b nce, and check are sub	y Foreign Limited I mitted to register th	Liability Company for Authorization ne above referenced foreign limited li	to Transact Business in Florida," Certifica ability company to transact business in Flo
return all corresponde	ence concerning this	s matter to the following:	
		Gary Lew	
		Name of Person	
	_	Vx Capital Partners, LLC	
		Firm/Company	
		915 Front Street	
		Address	
		San Francisco, CA 94111	
		City/State and Zip Code	
	C mail address	gary@vxcapital.com	t notification)
ther information conc		•	· nonneation)
ther information conc	ennig uns matter, p	picase can.	
	Gary Lew	at ( 415 )	296-525 <b>5</b>
N	ame of Person	Area Code & Daytime Tele	phone Number
MAILING ADDR		STREET ADDRESS:	
Division of Corpora		Division of Corporations	
Registration Section P.O. Box 6327	1	Registration Section Clifton Building	
Tallahassee, FL 323	314	2661 Executive Center Circle	
		Tallahassee, FL 32301	
	the following an		

1

## 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.	Vx Capital Partners, (Name of Foreign Limited Liability Company; must include "Limited	LLC Liability Company," "L.L.C.	," or "LLC.")	
coı	name unavailable, enter alternate name adopted for the purpose of transact unsent of the managers or managing members adopting the alternate name. Tompany," "L.L.C," "LLC.")	ing business in Florida and a The alternate name must inclu	ttach a copy of ide "Limited Li	the written ability
		72-1523710		
ے۔_ ا	California  (Jurisdiction under the law of which foreign limited liability company is organized)	( FEI number, if applical	ole)	
4.	April, 2, 2002 5. (Duration) (Duratio	perpetual n: Year limited liability comp		
	(Date of Organization) (Duration exist or '	n: Year limited liability comp "perpetual")		to 412000
6.	October 12, 2009		OFF AHA	
	(Date first transacted business in Florida, if prior (See sections 608.501 & 608.502 F.S. to determine	to registration.) e penalty liability)	-7 P	m
7.	915 Front Street, San Francisco, CA 94111		F 및 <b>교</b>	<del>- [ ]</del>
			ORID ORID	
	(Street Address of Principal C	Office)	> <u> </u>	<del></del>
8.	If limited liability company is a manager-managed company,	check here		
9.	The name and usual business addresses of the managing mem	bers or managers are as	follows:	
	Vx Holdings, Inc., Robert Brown, Will Hudson			
	915 Front Street, San Francisco, CA 94111			
the	Attached is an original certificate of existence, no more than 90 days old, duly e jurisdiction under the law of which it is organized. (A photocopy is not acceptual relation of the certificate under eath of the translator must be submitted.)			
11	. Nature of business or purposes to be conducted or promoted	in Florida: Airplar	e Leasing	<u> </u>
	Robert Brown			<u></u> •
	Signature of a member or an authorized re (In accordance with section 608.408(3), F.S., the execut an affirmation under the penalties of perjury that the fac	ion of this document constitutes	er.	
	ROBERT M. BROWN			

Typed or printed name of signee

## 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:	
Vx Capital Partners, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	09
Paul Steele	员品 引
(Name)	- EC
	SE T
601 N. Congress Avenue, Suite 429-3	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	3: 12 FLORIT
Delray Beach, FL 33445	DA N
City/State/Zip	-
Having been named as registered agent and to accept service of process for the above s liability company at the place designated in this certificate, I hereby accept the appoint agent and agree to act in this capacity. I further agree to comply with the provisions of relating to the proper and complete performance of my duties, and I am familiar with an obligations of my position as registered agent as provided for in Chapter 608, Florida S (Signature)	nent as registered fall statutes and accept the

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

**Certificate of Status (optional)** 

\$ 100.00

\$ 25.00

\$ 30.00

5.00

### State of California Secretary of State

#### **CERTIFICATE OF STATUS**

ENTITY NAME: VX CAPITAL PARTNERS, LLC

FILE NUMBER: **FORMATION DATE:**  200209510007

04/02/2002

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

**CALIFORNIA** 

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 30, 2009.

> DEBRA BOWEN **Secretary of State**