

M13000 003050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

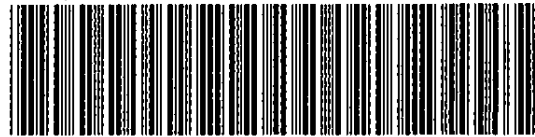
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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MAY 15 2013
D. BUTLER

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Date:

5-14-13

Requestor Name:

Carlton Fields

Address:

Post Office Drawer 190
Tallahassee, Florida 32302

Telephone:

(850) 513-3619 - direct
(850) 224-1585

Contact Name:

Kim Pullen, CP, FRP

Corporation Name:

VST Holdings, LLC

Email Address:

Entity Number:

Authorization:

Kim Pullen

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13 MAY 14 AM 11:32
DEPT. OF STATE
TALLAHASSEE, FLORIDA

☐ Certified Copy

☒ New Filings

☐ Fictitious Name

☐ Plain Stamped Copy

☐ Amendments

☒ Certificate of Status

☐ Annual Report

☐ Registration

(X) Call When Ready

(X) Walk In

(X) Call if Problem

() Will Wait

() After 4:30

(X) Pick Up

CF Internal Use Only

Client: 05723

Matter: 07253

Name: R. Schwenke

Office: TPA

Phase process
ASAP!
Thanks,
Kim

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

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

1. VST Holdings, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. New York 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/28/2007 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. c/o BHC Management, LLC
362 Kingsland Avenue, Brooklyn, NY 11222
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:
Barry J. Haskell, c/o BHC Management, LLC
362 Kingsland Avenue, Brooklyn, NY 11222

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

Barry J. Haskell

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. I am aware that any 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.)

Barry J. Haskell, Manager

Typed or printed name of signee

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13 MAY 14 AM 11:32
HALL COUNTY CLERK
TALLAHASSEE, FLORIDA

**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:

VST Holdings, 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:

Barry J. Haskell

(Name)

5742 NW 24th Terrace

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Boca Raton, FL 33496

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.

Barry J Haskell

(Signature)

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

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that VST HOLDINGS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/28/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 09th day of May
two thousand and thirteen.*

Daniel Shapiro
Special Deputy Secretary of State

RECEIVED
MAY 14 2013
DEPT. OF STATE
ALBANY, N.Y.

13 MAY 14 AM 11:32

FILED