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.· (Re	equestor's Name)	
(Ac	ddress)	
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(Cir	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bı	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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SEUNE ARREY OF STATE

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T. BROWN

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VS Apartments LL C	ed Liability Company
	npany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida
- Please return all correspondence concerning this matter to the	e following:
Roman DeVille	
	Name of Person
US Apartments, LL	irm/Company
600 Village Trace,	Building 23 Address
Marietta, CA 300 City/	067
City/s	State and Zip Code
17homas @tempoori E-mail address: (10 beuse	operties. Com ed for future annual report notification)
For further information concerning this matter, please call:	·
Roman Delille or Liza Name of Contact Person	at () Area Code . Daytime Telephone Number
Division of Corporations Registration Section P.O. Box 6327 Cliftor Tallahassee, FL 32314 Cliftor	ET ADDRESS: on of Corporations ration Section a Building Executive Center Circle assee, FL 32301
Enclosed is a check for the following amount: \$\frac{1}{3}\$\$125.00 Filing Fee \$\text{Certificate of Status}\$	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2014

ROMAN DEVILLE / VS APARTMENTS, LLC 600 VILLAGE TRACE BLDG 23 MARIETTA, GA 30067

SUBJECT: VS APARTMENTS, LLC Ref. Number: W14000020910

We have received your document for VS APARTMENTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 314A00007014

Teresa Brown Regulatory Specialist II

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: par treents, LLC
Oreign 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 8. 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) Signature of an authorized person (In accordance with section 605.0203, 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.) Roman DeVIIIe
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:
VS Apartments, 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:
Hubes Registered Agent Services duc
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Tallahassee FL 32301 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 605, Florida Statutes.

(Signature) Bruce B. Hubbard, President

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

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0228347
DATE INC/AUTH/FILED : May 30, 2002
JURISDICTION : Georgia
PRINT DATE : March 26, 2014

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

VS APARTMENTS, LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

L S 1776

Brian P. Kemp Secretary of State

Tracking #: GhSssCdI