(1/6)

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092 : (850)878-5368 Fax Number

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Foreign Limited Liability Company VIVA GROUP, LLC d/b/a VIVA GROUP FLORIDA, LLC

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B. BOSTICK

JUN 1 3 2014

6/12/2014

EXAMINER

COVER LETTER

	istration Section Ision of Corporations			
SUBJECT:	Viva Group, LLC		•	,
		e of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Existence, an	"Application by Foreign Limited Linb at check are submitted to register the a	ollity Company for Authorization boye referenced foreign limited li	to Transact Business in Plorid ability company to transact bu	a," Certificate of siness in Florida
Please return	all correspondence concoming this ma	itter to the following:		
	Judy Abrahamson			_
		Nume of Person		
	RomtPath, Inc.			
		Firm/Company		
	3585 Engineering Drive, Suite 100			-
		Address		
	Norcross, GA 30092			
		City/State and Zip Code		
	jabrahamson@rentpath.com			<u> </u>
	E-mail midress:	(to be used for future senual report	nulification)	7 km
For further in	formation concerning this matter, plea	se call:		را ب معمورین واس ا
Judy	/ Abrahamson	ni (⁶⁷⁸) 42	21-3000	
<u></u>	Name of Contact Person	Area Code	Daytime Telephone Number	TO TO
	ILING ADDRESS:	STREET ADDRESS:		
Division of Corporations		Division of Corporations	5	
Registration Section P.O. Box 6327		Registration Section Clifton Building	1,3 kg	
•	hassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
	a check for the following amou 125.00 Filing Fee	g Fcc & 🔲 \$155.00 Filing Fe	c & Cl \$160.00 Filing Fcc, of Status & Certific	•

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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:

1. Viva Group, LLC (Name of Foreign Limited Linbility Company; must include "Limited Linbility Company," "L.L.C.	"or"LLC."	
- Viva Graug Florida LLC		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternat Liability Company," "L.L.C," or "LLC.")	e name must fach	ide "Limited
2. Delaware 3, 95-4740789		
(Jurisdiction under the law of which foreign limited liability (PEI number, if appointment is organized))licable)	
4. January 1, 2014		
(Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine pennity liability)		
5. 3585 Engineering Drive, Suite 100	·	
Norcross, GA 30092		
(Street Address of Principal Office)		
6. Same		
	gamenty.	123
(Mailing Address)		.1 180
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/ar	**************************************
RentPath, Inc., sole member		5 i
	: :-:	
3585 Engineering Drive, Suite 100	· en	المحصيلا سيب
3585 Engineering Drive, Suite 100 Novcross, GA 30092		4 <u>=</u>
8. Attached is an original certificate of existence, no more than 90 days old, duly auth having custody of records in the jurisdiction under the law of which it is organized. (A acceptable. If the certificate is in a foreign language, a translation of the certificate un must be submitted)	A photocopy i	is not
Judy all hamen //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 per an aware that any files information submitted in a document to the Department of State constitutes a third degree follows as pre-	jury that the ficts at reided for in 6.817.1	ated licroin are true. I 55, P.S.)
Judy Abrahamson, Asst. Secretary of member RentPath, Inc.		
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 Com	pany is:	
Viva Group, LLC		
If unavailable, the alternate to be used in the		
Viva Group Florida, L	<u> </u>	
2. The name and the Florida street address	s of the registered agent and office an	e:
C T Corporation System		
	(Name)	
1200 South Pine Island Road		
Florida Street A	ddiress (P.O. Box NOT ACCEPTABLE)	
Plantation	FL, 33324	
	City/State/Zip	35
Having been named as registered agent and liability company at the place designated in registered agent and agree to act in this cap statutes relating to the proper and complete accept the obligations of my position as reg Statutes.	this certificate, I hereby accept the appacity. I further agree to comply with a performance of my duties, and I am J	opointment as the provisions of all Camiliar with and
C T Corporation System By:	Conictuy	Connie Bryan Assistant Secretori
(Sig	nature)	Tigother has an even
\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Registered Agent Certified Copy (optional)	t



DAGE S

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "VIVA GROUP, 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 FOURTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3031320 8300

140429419

You may vorify this certificate coline at corp. delaware.gov/authvor.shtml AUTHENTICATION: 1267392

DATE: 04-04-14

•

850-617-6381 4/8/2014 8:21:11 AM PAGE 1/001 Fax Server



April 8, 2014

Division of Corporations C T CORPORATION SYSTYEM

SUBJECT: VIVA GROUP, LLC REF: W14000022091

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is: VIVAS GROUP, INC, document number P12000083000.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

The document must contain the usual business addresses of its managing members or managers.

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

you have any questions concerning the filing of your document, please call 0650) 245-6051.

Teresa Brown gulatory Specialist II

FAX Aud. #: H14000082141 Letter Number: 214A00007443

P.O BOX 6327 - Tallahassee, Florida 32314