M14000	006756
(Requestor's Name) (Address) (Address)	200264351052
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	DEPARTMENT OF TEXTIONS 2014 SEP 18 PX 4: 21 BIVISION OF TO ACCHARY OF FILING SOFFICIENCY OF FILING
Special Instructions to Filing Officer:	SEP 19 MM J. HARRIS

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

· ·

DATE: 9/18/14

NAME: VERZASCA GROUP, LLC

TYPE OF FILING: APPLICATION

COST: 155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL PRODUCE

COVER LETTER

TO: **Registration Section Division of Corporations**

Verzasca Group, LLC SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Karen Rodriguez

Name of Person

Triad Professional Services

Firm/Company

1720 Windward Concourse, S. 390

Address

Alpharetta, GA 30007

City/State and Zip Code

dmitry@tr-develop.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Rodriguez		at (770) 777	7-2091		
Name o	Contact Person	Area Code	Daytime Telephone Number		
MAILING ADDRESS:	STF	REET ADD RESS:			
Division of Corporations	Divi	sion of Corporations			
Registration Section					
P.O. Box 6327	Clif	Clifton Building			
Tallahassee, FL 32314	266	1 Executive Center Circle			
	Tall	ahassee, FL 32301			
Enclosed is a check for the f	ollowing amount:				
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee of Certificate of Status	•	& S160.00 Filing Fee. Certificate of Status & Certified Copy		

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. Verzasca Group, 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. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C,")

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

4 upon qualification

(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9705 Collins Avenue, Apt. 1204N

Bal Harbour, FL 33154

6. 9705 Collins Avenue, Apt. 1204N

Bal Harbour, FL 33154

(Mailing Address)

(Street Address of Principal Office)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Septaria Management LLC - MGPM

9705 Collins Avenue, Apt. 1204N

Bal Harbour, FL 33154

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 afformation 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.)

Karen T. Rodriguez, Authorized Person

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:

Verzasca Group, 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:

NRAI Services, Inc.		14 S
	(Name)	SEP
1200 South Pine Island		
Florida S	reet Address (P.O. Box NOT ACCEPTABLE)	
Plantation	FL 33324	04
	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.

By:	NRAI Services, Inc. Take Dech. 607
	(Signature)

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



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERZASCA 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERZASCA GROUP, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



5605575 8300

141196001 You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State AUTHENTICÀTION: 1710507

DATE: 09-18-14