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SECPETARY OF STATE
SECPETARY OF STATE
ANASSEE, FLORIDA

COVER LETTER

Division of Corporations
SUBJECT: VSSI, LLC
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:
Stephen B. Westdyke Name of Person
Name of Person
USSI, LLC
Firm/Company
4100 Alpha Road, 5te. 200
Dallas, TX 75244 City/State and Zip Code
City/State and Zip Code bhicks e vssille.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert G. Hicks at (972) 866-9897 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2}\$125.00 Filing Fee \frac{1}{2}\$130.00 Filing Fee \frac{1}{2}\$Certificate of Status \$\Bigsim \frac{1}{2}\$125.00 Filing Fee \frac{1}{2}\$Certificate Opy \$\Bigsim \frac{1}{2}\$125.00 Filing Fee \frac{1}{2}\$Certificate Opy \$\Bigsim \frac{1}{2}\$125.00 Filing Fee \frac{1}{2}\$Certificate Opy

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: (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 "LLC.") (Mailing Address) 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.)

Nped 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: V59I, LL	
If unavailable, the alternate to be used in the state of Florida is:	1
2. The name and the Florida street address of the registered agent an	
NRAI Services Inc.	SECOND FI
1200 South Pine Island Florida Street Address (P.O. Box NOT ACCEPT	Road SSET S
Plantation FL 33	324
5.y 5.10 Dip	1

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.

Wendy Rea Vice President & Assistant Secretary

(Signature)

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for VSSI, LLC (file number 801203444), a Domestic Limited Liability Company (LLC), was filed in this office on December 10, 2009.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 03, 2015.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Coby Shorter, III Deputy Secretary of State

Dial: 7-1-1 for Relay Services Document: 594262270003