

(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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W16-95	59A				
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2016

MS. PATRICE M. JOHNSTON 1000 FIFTH STREET, STE 200-PC MIAMI BEACH, FL 33139

SUBJECT: VH CAPITAL LLC Ref. Number: W16000009599

We have received your document for VH CAPITAL LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 216A00002649

## **COVER LETTER**

TO:	Registration Section Division of Corporation	18				
SUBJE	VH CAPITAL LLC	C				
		Name of	Limited Liability	Company		
		eign Limited Liability Com d to register the above refer				
Please r	cturn all correspondence c	concerning this matter to the	following:			
	MS. PATRICE	M. JOHNSTON				
		N	lame of Person	,,	.,	
	VH CAPITAL	LLC				
		F	irm/Company			
	1000 FIFTH ST	TREET, STE. 200-P2				
	<del></del>		Address			
	MIAMI BEAC	H, FL 33139				
		City/S	State and Zip Code	;	2016	•
	patrice@spomgn				THE THE	Ŋ
		E-mail address: (to be use	d for future annua	l report notification)	25 N	ing participation (garden Metadole 1 1 2 2
For furt	ner information concernin	g this matter, please call:				r i
	MS, PATRICE M. JOHN	NSTON	786 at (	456-4759 )	क्रिके	
	Name o	of Contact Person	Area Code	Daytime Telep	hone Number	•
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDREST Division of Corpora Registration Section Clifton Building 2661 Executive Cer Tallahassee, FL 323	ations n nter Circle	
Enclose	d is a check for the follow  \$125.00 Filing Fee	ing amount:  \$\Boxed{\Pi}\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili: Certified Copy	-	00 Filing Fee, C & Certified Co	

## 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 Fore	eign Limited Liability Company; mus	st include "Lim	ited Liability Company,	L.L.C., or	LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose or "LLC.")	e of transacting	business in Florida. The	e alternate nam	e must inclu	ide "Limited
2. DELAWARE	,	3. APPLI	IED FOR			
	of which foreign limited liability	J	(FEI number	, if applicable)		<del></del>
4. N/A						
	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, if	prior to registration.)		-	
5. 1000 FIFTH STREET,	·	•			_	
MIAMI BEACH, FL 3	33139				-	
	(Street Address of I	rincipal Office	)		-	
6. 1000 FIFTH STREET,	SUITE 200-P2				_	
MIAMI BEACH, FL 3	33139					
	(Mailing A	Address)			-	
7. Name and street address	ss of Florida registered agent: (P.	O. Box NOT	_acceptable)			
Name:	DAVOR ZGALJIC				€ 20	
Office Address:	1000 FIFTH STREET, SUITE	200-P2			837 B	*****
	MIAMI BEACH		 , Florida <sup>331</sup>	139	8 2	Commission of the Commission o
	(City)	···		(Zip code)	ج <u>ح</u>	
Registered agent's accep Having been named as re	tance: gistered agent and to accept serv	vice of proces.	s for the above stated	limited liabi	متل litv compai	ny at the place
designated in this applica	tion, I hereby accept the appoint ons of all stat <u>ut</u> es relative to the	tment as regis	tered agent and agre	e to act in the	is capacity.	I further agree
	my position as registered agent.	proper ana co	mprete perjormance	oj my uuues	, ungy um	jamiliar wiin ai
	MAM	14/0/1				
	(Regist	tered agent s sig	mature)		-	
8. The name, title or capa	acity and address of the person(s)	who has/have	authority to manage	is/are:		
DAVOR ZGALJIC, MAN	NAGER, 1000 FIFTH STREET,	#200-P2, MIA	MI BEACH, FL 331	39		
ERIC STOKES, MANAC	GER, 1000 FIFTH STREET, #200	0-P2, MIAMI	BEACH, FL 33139			
		· · · · · · · · · · · · · · · ·	······································			
	of existence, no more than 90 da of which it is organized. (If the co					
of the translator must be so						
	Vuna	M				
	Signature	of an authorize	d person		-	
This document is executed	l in accordance with section 605.0	0203 (1) (b), F	lorida Statutes. I am a	aware that any	y false infor	mation

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DAVOR ZGALJIC

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VH CAPITAL 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 TWENTIETH DAY OF FEBRUARY, A.D. 2016.

Authentication: 201862048

Date: 02-20-16