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DEPARTMENT OF STAT

MAY 12 2016 3. YOUNG CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 138805 4301677

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE: May 11, 2016

ORDER TIME : 3:09 PM

ORDER NO. : 138805-005

CUSTOMER NO: 4301677

FOREIGN FILINGS

NAME: VESTAPOINT CAPITAL LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:

Registration Section

| Div | ision of Corporation | S | | | | |
|-------------------------------|---|---|---|--|--|-------------------------------|
| SUBJECT: | VESTAPOINT CAL | PITAL LLC | | | | |
| JOBBUICI. | Name of Limited Liability Company | | | | | |
| The enclosed Existence, an | l "Application by For ad check are submitted | eign Limited Liability Comp d to register the above refere | oany for Authoriza enced foreign limit | tion to Tra ed liability | ensact Business in Florida," y company to transact busin | Certificate of ess in Florida |
| Please return | all correspondence c | oncerning this matter to the | following: | | | |
| | Michael D. Ma | tia | | | | |
| | Name of Person | | | | | |
| | Morrison Cohen LLP | | | | | 15 MAY |
| | Firm/Company | | | | | |
| | 909 Third Avenue | | | | | |
| | Address | | | | | 16 MAY 11 AM 10: 03 |
| | New York, NY 10022-4784 | | | | | |
| | | City/S | tate and Zip Code | | | ور |
| | mmattia@morris | oncohen.com | | | | |
| | | E-mail address: (to be used | for future annual | report not | tification) | |
| For further in | nformation concerning | g this matter, please call: | | | | |
| Mic | chael D. Mattia | | 212 at (| 735-87 | 85 | |
| | Name o | f Contact Person | Area Code | Day | time Telephone Number | |
| Div Reg P.O | ision of Corporations istration Section Box 6327 ahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | of Corporations ion Section duilding ecutive Center Circle see, FL 32301 | |
| | check for the follow 125.00 Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | ■ \$155.00 Filin Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, Ce of Status & Certified Cop | |

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: VestaPoint Capital 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 "LLC.") Delaware (FEI number, if applicable) (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) 941 West Morse Boulevard, Suite 130, Winter Park, FL 32789 (Street Address of Principal Office) 941 West Morse Boulevard, Suite 130, Winter Park, FL 32789 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassec Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Corporation By: Janet Budhu, Asst. Vice President (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Aaron Stearns, Managing Director, 941 Morse Boulevard, Suite 130, Winter Park, FL 32789 9. Attached is a 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. (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 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Typed or printed name of signce

Aaron Steams

Page 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VESTAPOINT 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 ELEVENTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VESTAPOINT CAPITAL LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2011. AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202301172

Date: 05-11-16