M16000001496

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
W16-1021do	2	

Office Use Only



400289878954

09/08/16--01030--004 **125.00

THIS NET ZO A 6-25

S Warren SEP 21 2016





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2016

DAVID CRANE 2405 BROADMOOR PLACE GULFPORT, MS 39501

SUBJECT: VIRTUS 7, LLC Ref. Number: W16000062662

We have received your document for VIRTUS 7, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$777.50.

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 816A00019257

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	ns ,						
SUBJECT:	Virtus 7, LLC							
	Name of Limited Liability Company							
		reign Limited Liability Comp ed to register the above refere						
Please return	all correspondence	concerning this matter to the	following:					
	David Crane							
	<u> </u>	N	ame of Person					
	David Crane, A	ttorney at Law						
		Fi	rm/Company					
	2405 Broadmoo	or Place						
			Address					
	Gulfport, MS	39501						
		City/S	tate and Zip Code					
	dwcrane@att.net							
	· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be used	d for future annual	report not	ification)			
For further in	nformation concernin	g this matter, please call:						
Do	n Ellington		251 at (510-199	95			
	Name o	of Contact Person	Area Code	Day	time Telephone Number			
Div R e g P.O	vision of Corporations gistration Section b. Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding centive Center Circle see, FL 32301			
	a check for the follow \$125.00 Filing Fee	ring amount: \$\square\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Co 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:

Gulfport, MS 39501 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Pietro Moschini Office Address: 1121 Lewis Ave Sarasota (City) 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 of the complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. Registered agent's signature)	Virtus 7, LLC					
Liability Company, ""LLC," or "LLC," or "LLC," or "LLC,") Mississippi (Jurisdiction under the law of which foreign limited liability company is organized) November 18, 2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2405 Broadmoor Place Gulfport, MS 39501 (Sureet Address of Principal Office) (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1121 Lewis Ave Sarasota (City) Registered agent's acceptance: (City) Registered agent and to accept service of process for the above stated limited liability company at the platestignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit accept the obligations of my position as registered agent. (Registered agent's signature)	(Name of For	reign Limited Liability Company; must include "Limited Li	ability Company," "L.L.C	.," or "LLC	2.")	
(Jurisdiction under the law of which foreign limited liability company is organized) November 18, 2014 November 18, 2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2405 Broadmoor Place Gulfport, MS 39501 (Street Address of Principal Office) (Mailing Address) Name: Pietro Moschini Office Address: 1121 Lewis Ave Sarasota (City) (City) 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 a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. (Registered agent's signature)	Liability Company," "L.L.C,		ess in Florida. The alternat	e name mi	ıst inclu	ide "Limited
Comply is organized November 18, 2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Surget Address of Principal Office) (Surget Address of Principal Office) (Mailing Address)		3.				
(Street Address of Principal Office) [Street Address of Principal Office) [Street Address of Principal Office) [Street Address of Principal Office) [Address of Principal Office) [Street Address of Principal Office) [Address of Principal Offic		of which foreign limited liability	(FEI number, if applie	cable)	• .	
(Street Address of Principal Office) (Mailing Address) (Mailing Address) (Mailing Address) (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: (City) 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 plates of complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. (Registered agent's signature)	November 18, 2014	See alloched				
Gulfport, MS 39501 (Street Address of Principal Office) (Address) (Mailing Address) (City) (Ci		(Date first transacted business in Florida, if prior	to registration.) ne penalty liability)			
(Street Address of Principal Office) Gulfport, MS 39501 (Mailing Address) (P.O. Box NOT acceptable) (City) (C	5. 2405 Broadmoor Place	e				
Gulfport, MS 39501 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Pietro Moschini Office Address: Sarasota (City) 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 platesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. (Registered agent's signature)	Gulfport, MS 39501					
Gulfport, MS 39501 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Pietro Moschini Office Address: 1121 Lewis Ave	2405 D1 Bi	•		,	rual ema	
(Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Pietro Moschini Office Address: 1121 Lewis Ave	5. 2403 Broadmoor Place				in)	and and
Name: Pietro Moschini Pie	Gulfport, MS 39501			ដែកពី កម្ពា		4 §
Name: Office Address: Sarasota Televisia Ave Televisia		(Mailing Address)		100 per 100 pe		garana.
Name: Office Address: Sarasota Televisia Ave Televisia	7. Name and street addre	ss of Florida registered agent: (P.O. Box NOT acce	otable)			m
Office Address: Sarasota Florida 34327		- · · · · · · · · · · · · · · · ·	,	. S.I	•	D
Sarasota (City) (Cit	Name:					
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 platesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. (Registered agent's signature)	Office Address:	1121 Lewis Ave	<u></u>) 		
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 platesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. (Registered agent's signature)		Sarasota	. Florida 34327			
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 a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. (Registered agent's signature)		the state of the s	(Zip cod	e)		
	lesignated in this applica o complywith the provisi	ation, I hereby accept the appointment as registered ions of all statutes relative to the proper and comple my position as registered agent.	agent and agree to act te performance of my d	in this ca	pacity.	I further a
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	8. The name, title or cap	acity and address of the person(s) who has/have authorized	ority to manage is/are:			
M. Cleve Collins, Manager/President	M. Cleve Collins, Manag	er/President				
1690 Stone Village Lane, Suite 322	1690 Stone Village Lane,	, Suite 322				
Kennesaw, GA 30152	Kennesaw, GA 30152					
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 of the translator must be submitted)	jurisdiction under the law	of which it is organized. (If the certificate is in a fore				
Signature of an authorized person		1/1////				

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.

M. Cleve Collins

DAVID CRANE ATTORNEY AT LAW

September 16, 2016

Flordia Department of State Division of Corportations PO BOX 6327 Tallahassee, Florida 32314

Attn: Tanisha L. Washington Regulatory Specialist II

> Re: Your Letter # 816A00019257/ Virtus 7 LLC

Dear Ms. Washington:

I received the letter referenced above concerning the Application for Registration by a Foreign Limited Liability Company for Authorization to Transact Business in Florida filed by me on behalf of Virtus 7, LLC.

The only business Virtus 7 has conducted, thus far, in Florida is that it purchased an interest in stock in a Florida Corporation. It occurred to me when I got your letter that that may not be considered doing business in the State. So I spoke with someone in your office this morning concerning whether stock ownership of a Florida Corporation would be considered doing business in the State of Florida for the purposes of Question 4 on the application. I was told that it was not and I was advised to send the application back in without changing my original answer but to supplement it with an Affidavit.

Accordingly, I am doing exactly that . I am enclosing the original application, your letter and an affidavit explain my answer.

Please let me know if you need any more information.

I sincerely appreciate your help and apologize for my mistake.

2405 BROADMOOR PLACE GULFPORT, MS 39501

(228) 864-8566

<u>AFFIDAVIT</u>

STATE OF MISSISSIPPI COUNTY OF HARRISON

The undersigned David Crane, being duly sworn, deposes and says the following::

- 1. That he is attorney in fact and registered agent for Virtus 7, LLC which is organized under the laws of the State of Mississippi.
- 2. That he completed the Attached Application for Registration by a Foreign Limited Liability Company for Authorization to Transact Business in Florida.
- 3. That when answering question # 4 on the application, the undersigned responded by reporting that November 18, 2014 was the day upon which Virtus 7, LLC began transacting business in Florida.
- 4. That date was actually the date Virtus 7, LLC obtained an equitable interest in stock in Florida Company, Madray Steel, Inc (which is a Corporation in Good Standing registered and organized by and under the laws of the State of Florida).

5. Other than possessing an interest in the stock of Madray Steel, Inc., Virtus 7 has not conducted business in the State of Florida. However it now vishes to do so.

6. Further Affiant sayeth not.

SWORN TO AND SUBSCRIBED BEFORE ME this the 16th day of September.

2016.

NOTARY

vid Crane

THE TARY OF STATE



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

VIRTUS 7, LLC

Registered the 9th day of October, 2013

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

2405 Broadmoor Place Gulfport, MS 39501

And that the registered agent at that address is:

Crane, David

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 7th day of September, 2016

Nosemann, 1.

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN16027765

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx