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(Re	questor's Name)				
(Ad	dress)				
(Address)					
(Cit	ty/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(D.					
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 17, 2016

DIANA DI IORIO VERSARA LENDING, LLC 711 3RD AVE, 6TH FL NEW YORK, NY 10017

SUBJECT: VERSARA LENDING, LLC

Ref. Number: W16000070637

We have received your document for VERSARA LENDING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Karen A Salv Regulatory Specialist II

Letter Number: 216A00022254

COVER LETTER

TO:		ion Section of Corporation	s				
SUBJI		ara Lending, LI					
oc bo.			Name of	Limited Liability (Company		
						ansact Business in Florida," y company to transact busine	
Please	return all co	orrespondence c	oncerning this matter to the	following:			
		Diana DiIorio					
	-		Ŋ	lame of Person		· · · · · · · · · · · · · · · · · · ·	
		Versara Lendin	g, LLC				
	_		F	irm/Company		-	
		711 3rd Avenue	e, Floor 6				
	-			Address			
		New York, NY	10017				
	7		City/S	State and Zip Code			
	do	liiorio@versara	•				
		-	E-mail address: (to be use	d for future annual	report not	ification)	
For fur	ther informa	ation concerning	g this matter, please call:				
	Diana Di	Iorio		646 at (793-36		
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division of Registrati P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
Enclos		k for the follow 0 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir 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 BI ISINESS IN THE STATE OF FLORIDA:

Versara Lending, LLC				
(Name of Fore	ign Limited Liability Company;	; must include "Limite	d Liability Company," "L.L.C.," (or "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C."		rpose of transacting b	usiness in Florida. The alternate n	ame must include "Limited
2. Delaware		3. 80-0764	680	
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicab	(e)
4. N/A				
**	(Date first transacted bu (See sections 605.0904 &	siness in Florida, if pr	rior to registration.)	
5 711 3rd Avenue, Fl 6	(See Sculing 003.0904 &	003.0903, 1.3. to dete	mine penany naominy)	TALLARIAS
3				一 超 6 千
New York, NY 10017				
711 2nd America El 6	(Street Address	s of Principal Office)		31
6. 711 3rd Avenue, Fl 6				- Fro 2
New York, NY 10017				PH 4: 21
	(Mail	ing Address)		别 2
7. Name and street addres	s of Florida registered agent:	(P.O. Box NOT a	cceptable)	000
Name:	Vcorp Services, LLC			
	5011 South State Road 7, S			
Office Address:	<u>.</u>			
	Davie		, Florida 33314	
Registered agent's accep	(City	')	(Zip code)	
designated in this applica- to complywith the provision	tion, I hereby accept the app	ointment as registe the proper and com	or the above stated limited lia red agent and agree to act in t plete performance of my duti	his capacity. I further agree
	(Re	egistered agent's signa	ture)	_
8 The name title or cana	city and address of the person	n(s) who has/have a	uthority to manage is/are	
•	E38th Street, Apt 52-O, NY, 1	• •	actions to manage that.	
	Varren Street, NY, NY 10007			
Daniel Blumkin (Presiden	t) I Greenwood Lane, Port W	Vashington, NY 110	50	
jurisdiction under the law of the translator must be su	of which it is organized. (If the library of the li	ne certificate is in a f		of the certificate under oath
			rida Statutes. I am aware that a e felony as provided for in s.81	

Typed or printed name of signee

Diana Dilorio

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VERSARA LENDING, 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 TWENTY-FIFTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERSARA LENDING,

LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2011.

2016 OCT 31 PM T4 21
SECRETARY OF STATE
SECRETARY OF STATE

Jeffrey W. Budlock, Secretary of State

Authentication: 203217111

Date: 10-25-16

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SR# 20166342958