Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002155323)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for furtified annual report mailings. Enter only one email address please.*

Email Address:_

Foreign Limited Liability Company CLC VBFL I, LLC

Certificate of Status	U
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY AUG 1 5 2017 TO:

Registration Section

COVER LETTER

	Name of Limited Liability Company		
he enclosed xistence, a	d *Application by Foreign Limited Liability Com nd check are submitted to register the above refer	pany for Authorization to Tra enced foreign limited liabilit	ansact Business in Florida," Certificat y company to transact business in Plo
lease roturi	all correspondence concerning this matter to the	following:	
	Alex Moshechok		•
	N	ame of Person	
	CLC VBFL [, LLC		
	Firm/Company		
	40 Fulton St, 6th Floor		
	Address		
	New York, New York 10038		
	City/S	State and Zip Code	
	nmeshechok@esgparmers.com		
	E-mail address: (to be use	d for future annual report not	ification)
or further i	nformation concerning this matter, please call:		,
	D. Dudleis Des	412 394-65	32
Jer	emy P. Rudkin, Psq.	nt (
Jer	Name of Contact Person	at ()	time Telephone Number
<u>M.</u> A	Name of Contact Person ALLING ADDRESS:	Area Code Day STREE' Division	ADDRESS: of Corporations
MA Div Ros	Name of Contact Person ALLING ADDRESS: ision of Corporations gistration Section	Area Code Day STREE' Division Registra:	ADDRESS: of Corporations fon Section
MA Div Rog P.O	Name of Contact Person ALLING ADDRESS: diston of Corporations	Area Code Day STREE' Division Registrat Clifton B 2661 Exc	ADDRESS: of Corporations fon Section
MA Div Reg P.O Tal	Name of Contact Person ALLING ADDRESS: rision of Corporations gistration Section D. Box 6327	Area Code Day STREE' Division Registrat Clifton B 2661 Exc	ADDRESS: of Corporations fon Section uilding centive Center Circle

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 HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CLC VBFL I, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company, ""LL.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.") 2. Delaware (PEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 40 Fultor, St, 6th Floor New York, New York 10038 (Supet Address of Principal Office) 40 Fulton St, 6th Floor-New York, New York 10038 (searbh A gniliam) 7. Name and sheet address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: , Florida 33324 Plantation 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. C T Corporation System By: (Registered agent's signature) Assistant Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Alex Meshechok, Manager, 40 Fulton St, 6th Floor, NY, NY 10038; Rick Schontz, Manager, 2 Bala Pizza, Suite 300, Balu Cynwyd, PA 19004 Larry Kaplan, Manager, c/o CSG Partners, 40 Fulton St, 6th Floor, NY, NY 10038, William Choule, Manager, 40 Fulton St, 6th Floor, NY, NY 10031; Alox Hertz, Manager, c/o CSG Partners, 40 Fulton St, 6th Floor, NY, NY 10038 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. Alf 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 695.0203 (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 signer

Rick Schontz

Delaware

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLC VBFL I, 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 FOURTEENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6461645 8300

SR# 20175711647 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203054797

Date: 08-14-17