

10/9/2017

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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From:

Account Name : BUSINESS FILINGS
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Fax Number : (608)827-5501

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Foreign Limited Liability Company
Vektor Builders International LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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FALL WASS, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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S. WARREN

OCT 10 2017

H170002452793

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTERS A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Vektor Builders International LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "LLC," or "LLP.")

2. Wyoming

3. 82-0919832

(Jurisdiction under the law of which foreign limited liability
company is organized)

(FEI number, if applicable)

4. Upon Qualification

(Date first transacted business in Florida (if prior to registration)
(See sections 605.0901 & 605.0903, F.S., to determine penalty liability)

5. 2121 Midpoint Dr. Suite 222, Fort Collins, Colorado 80525

(Street Address of Principal Officer)

6. 2121 Midpoint Dr. Suite 222, Fort Collins, Colorado 80525

(Mailing Address)

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name Business Filings Incorporated

Office Address 1200 South Pine Island Road

Plantation

Florida 33324

(City)

(Zip code)

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 comply with 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.

Mark

Mark Williams, A.V.P., Business Filings Incorporated

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Member: Skah Ventures LLC, 2121 Midpoint Dr., Fort Collins, Colorado 80525

Member: Allen Harper, 227 Aspen Grove Way, Severance, Colorado 80550

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)

Matthew Bradshaw

Signature of an authorized person

This document is executed in accordance with section 605.02(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.Matthew Bradshaw, Member of Skah Ventures LLC,
Typed or printed name of signer Member

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FILED
17 OCT -9 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

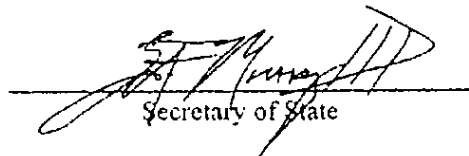
Vektor Builders International LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 16, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000746166**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 6th day of October, 2017 at 8:22 AM. This certificate is assigned 024346829.




Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.