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(Requesto	or's Name)
(Address)	1
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Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2017

MAKINSEY MITCHELL 10564 DITCH LANE ROCKVALE, TN 37153

SUBJECT: VBG, LLC

Ref. Number: W17000091804

We have received your document for VBG, 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):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 517A00023313

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Denied blo of no Signature from InCorp

COVER LETTER

10.	Division of Corporation	1 s				
SUBJE	VBG, LLC					
00001	<u>-</u>	Name of	Limited Liability Company			
				ansact Business in Florida," Certificate of y company to transact business in Florida		
Please	return all correspondence of	concerning this matter to the	following:			
	Makinsey Mitc	hell				
		N	lame of Person			
	VBG, LLC					
	Firm/Company					
	10564 Ditch La	nne				
	Address					
	Rockvale, TN 37153					
		City/S	State and Zip Code			
	makinsey@visio	n-es.com				
		E-mail address: (to be use	d for future annual report no	tification)		
For fur	ther information concerning	g this matter, please call:				
	Makinsey Mitchell		615 801-48.	84		
	Name o	of Contact Person		rtime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301		
Enclos	ed is a check for the follow S \$125.00 Filing Fee	ring amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

COVER LETTER

Registration Section

∽. TO:

. Division	of Corporation	S			
VBG SUBJECT:	, LLC				·
<u> </u>		Name of	Limited Liability (Company	,
The enclosed "App Existence, and che	olication by Fore	eign Limited Liability Com to register the above refer	pany for Authoriza enced foreign limit	tion to Tra	ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all co	rrespondence co	oncerning this matter to the	following:		
i	Makinsey Mitch	ell			
-		N	ame of Person		
,	VBG, LLC				
-	Firm/Company				
	10564 Ditch Lar	ne			
-	Address				
1	Rockvale, TN 3	7153			
-		City/S	State and Zip Code		
m	akinsey@vision	-es.com			
_		E-mail address: (to be use	d for future annual	report not	tification)
For further informa	ation concerning	this matter, please call:			
Makinsey	/ Mitchell	,	615	801-48	84
	Name of	Contact Person	at (Area Code	Day	rtime Telephone Number
Division (Registrati P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section Building ceutive Center Circle see, FL 32301
Enclosed is a chec		_			-
■ \$125.0	0 Filing Fee	S130.00!Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Conv		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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-VBG LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.I.C.," or "LLC.") (If name anavailable, cores alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Louted Liability Company," "L.L.C.," or "LL.C.," or "LL.C.," 2. Tennessee 3. 32-0422656 (Jurisdiction under the taw of which foreign limited liability company is organized) (Ft. number, if applicable) (Date first transacted business in Florida, if prior to registratio (See sections 605 0904 & 605.0905, F.S. to determine penalty 5 10564 Ditch Lanc 10564 Ditch Lane (Street Address of Principal Office) (Mailing Address) Rockvale, TN 37153 Rockvale, TN 37153 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: Loxabatchee 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 phylion as registered agent. Jackie DeFilippis on behalf of InCorp Services, Inc. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are Title or Capacity: Name and Address: Title or Capacity: Name and Address: AR Makinsey Mitchell Owner Keith Carey 10564 Ditch Lane 10564 Ditch Lane Rockvale, TN 3715 Rockvale, TN 37153 AR Rhonda Carey 10564 Ditch Lane Rockvale, TN 37153 (Use attachments if necessary) 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) 10. 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. Keith Carey, Owner

Voed or printed name of signer



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

SECRETARY OF STATE OF FLORIDA

FLORIDA DIVISION OF CORPORATIONS **CLIFTON BUILDING** 2661 EXECUTIVE CENTER CIRCLE TALLAHASSEE, FL 32301

Request Type: Certificate of Existence/Authorization

Request #:

0256848

Issuance Date: 11/09/2017

Copies Requested:

November 9, 2017

Document Receipt

Receipt #: 003653838

Payment-Credit Card - State Payment Center - CC #: 3715040583

Filing Fee:

\$20.00

Regarding:

VBG LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 11/18/2013

Status:

Active

Duration Term:

Perpetual

Business County: RUTHERFORD COUNTY

\$20.00

738227

Date Formed:

01/01/2014

Formation Locale: TENNESSEE

Inactive Date:

Control #:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

VBG LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 025029424