

M18000003375

(Requestor's Name)

(Address)

(Address)

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STATE OF MICHIGAN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2018

GREGORY KLEINFELTER
10 HICKOK ST, STE 200
CHRISTIANSBURG, VA 24073 US

SUBJECT: VTEST LLC
Ref. Number: W18000026643

We have received your document for VTEST 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):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 018A00005566

RECEIVED
2018 APR -9 AM 11:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VTEST, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

GREGORY KLEINFELTER

Name of Person

VTEST, LLC

Firm/Company

10 HICKOK ST. STE 200

Address

CHRISTIANSBURG, VA 24073

City/State and Zip Code

GREG C VTEST.CO

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDI KLEINFELTER

Name of Contact Person

at (540)

Area Code

382-1230

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$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:

1. VTest LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.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. VIRGINIA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-3513395
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10 HICKOK ST STE 200
(Street Address of Principal Office)
CHRISTIANSBURG, VA 24073

6. SAME
(Mailing Address)

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

Name: GREGORY KLEINFELTER

Office Address: 6810 NW 20 AVE

FT LAUDERDALE, Florida 33309
(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.

[Signature]
(Registered agent's signature)

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:
<u>MANAGING PARTNER</u>	<u>WILLIAM MADDOX</u> <u>REHOBOTH CONSULTING, INC</u> <u>4410 CHRISTIANSBURG PIKE NE</u> <u>FLYND, VA 24091</u>	<u>MANAGING PARTNER</u>	<u>GREGORY KLEINFELTER</u> <u>LITTLE FIELDS, INC</u> <u>1810 TURNBULL DR.</u> <u>ALBEMARLE, VA 24149</u>
<u>MANAGING PARTNER</u>	<u>PETER BURGOLF</u> <u>EMAPINI, INC</u> <u>PO BOX 311</u> <u>FLYND, VA 24091</u>		

(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.

[Signature]
Signature of an authorized person

GREGORY M. KLEINFELTER
Typed or printed name of signee

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That VTest LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is August 27, 2013; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:
March 9, 2018

Joel H. Peck

Joel H. Peck, Clerk of the Commission