M1600000 4011

(Requestor's Name)
(Address)
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, ,
(City/State/Zip/Phone #)
(Only/State/Zip// None #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED QUALIFICATION FOR: VIBE TRAILBLAZER, LLC & RETURN A CERTIFIED COPY

CK# 7973 FOR \$155.00

COVER LETTER

TO:

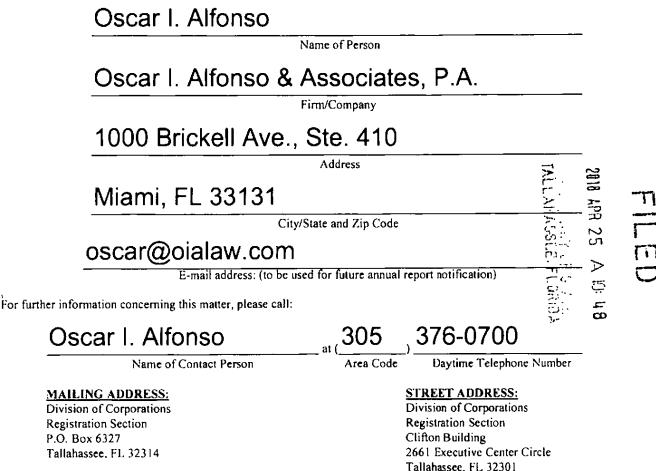
Registration Section **Division of Corporations**

Vibe Trailblazer, 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:



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:

	ame adopted for the purpose of transacting bus			idity Company," "LLC," or "LLC.
elaware			-5124148	er, if applicable)
(Jurisdiction under the law of wi	sich foreign lissited liability company is organiz	co)	(FCI nuise	cr. it application)
N/A				
	(Dete first trumacted business in Florida (See sections 605 0904 & 605 0905, F.S.	il prior to registration.) to determine penalty liabili	77)	
1441 Brickell Ave., S	Ste. 1210	6. 14	41 Brickell Ave., Ste.	1210
(Street Address of P	viscipal Office)	_	(Mailiag Addr	ess)
Miami, FL 33131		MI	ami, FL 33131	
				
Name and street addres	s of Florida registered agent: (P	O. Box NOT acce	ptable)	
Name:	Oscar I. Alfonso & Associa	tes, P.A.	_	
Office Address:	1000 Brickell Ave., Ste. 41	<u> </u>	<u> </u>	
	Miami		, Florida 33131	ing Address)
	(City)			
comply with the provise	ons of all statutes relative to the	proper and compl	ete performance of my	tuties, and Lam familia
d accept the obligations	s of my position as registered ag	proper and compleen.	ete performance of my	duties, and I am familia
id accept the obligations	s of my position as registered ag	proper and compl	ete performance of my	duties, and Lam familian
d accept the obligations	s of my position as registered ag	ent. Complete and	ete performance of my	duties, and Lam familia
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id accept the obligations The name, title or cape	(Registered ag	ent. ed agent's signantic who has/have auth	ority to manage is/are:	duties, and I am familian
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id accept the obligations The name, title or caps Title or Capacity: Manager	Register as registered ag (Register acity and address of the person(s Name and Address: Gabriel Holschneide: 1441 Bickel Ann., Sto. 1210 Maurel, Pl. 33131	ent. ed agent's signantic who has/have auth	ority to manage is/are:	duties, and I am familian
The name, title or capa Title or Capacity: Manager Use attachments if neces	Gabriel Holschneider [Register Gabriel Holschneider 1441 Birchell Amp., Sta. 1210 Marrie, Fl. 33131	ent. ed agent's signature who has/have auth Title	ority to manage is/are:	Name and Address:
The name, title or capa Title or Capacity: Manager Use attachments if neces	Gabriel Holschneider [Register Gabriel Holschneider 1441 Birchell Ares, Sile 1210 Marrie, Fl. 33131	ent. ed agent's signature who has/have auth Title of Osuna	ority to manage is/are: or Capacity:	Name and Address:
The name, title or cape Title or Capacity; Manager Use attachments if neces Attached is a certificate	Gabriel Holschneider [Register Gabriel Holschneider 1441 Bickel Am., Sto. 1210 Marrie, Ft. 33131 sary) of existence, no more than 90 de of which it is organized. (If the company of	ent. ed agent's signature who has/have auth Title of Osuna	ority to manage is/are: or Capacity:	Name and Address:
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Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VIBE TRAILBLAZER, 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 NINETEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIBE
TRAILBLAZER, LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 2017.



Authentication: 202545836

Date: 04-19-18

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