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TO: Registration Section
Division of Corporations

## VERITAS PROPERTY HOLDINGS, LLC

SUBJECT

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:

. The state of the
Scott Alan Colton
Name of Person
VERITAS PROPERTY HOLDINGS, LLC
Firm/Company
6600 Falconsgate Ave
Address
Davie, FL 33331
City/State and Zip Code
sac291@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

### Scott Alan Colton

<sub>at</sub> 954

325-4133

Name of Contact Person

Area Code

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:

		name adopted for the purpose of transacting business	in Florida The alternate	name must include "Limited Lial	bility Company," "L.L.	C," or "LLC	"1
2.1	Vevada  (Jurisdiction under the law of w	high foreign limited liability company is organized)	_ 3	(FE) numb	per, if applicable)		
				11 1/1 1/2	ert it approxime?		
4.		(Date first transacted business in Florida, if pr	nor to registration.)				
5	6600 Falconsgate	(See sections 605 0904 & 605,0905, F.S. to'd		) 00 Falconsgate Av	VO.		
	(Street Address of	Principal Office)		(Mailing Addi			
	Davie, FL 33331		<u>Dav</u>	vie, FL 33331	=		
7	Name and street address	ss of Florida registered agent: (P.O.	Box NOT accept	table	<u></u>	2618	<b>63%</b> ji
•	Name:	Registered Agents Inc.		—	79- 70 177 187 18- 16-	EK CH	anamer (Panale
	Office Address:	3030 N. Rocky Point Dr. S	TE 150A	_		<b>(4)</b>	# T
		Tampa		_ , Florida 33607		Jan Jan	1
	gistered agent's accep	(City)	_	(Zip code	e1 7#	99	.,
.,,,	d accept the obligation	s of my position as registered agent.		te performance of my o	amnes, and ram	i jumina.	r wiin
4,,,,	d accept the obligation.	Bull		e perjormance oj my i	——	i jumina	r wiin
	The name, title or capa	(Registered against and address of the person(s) wh	tent's signature) to has/have autho	rity to manage is/are:			r wiin
	The name, title or capa Title or Capacity:	(Registered agacity and address of the person(s) wh	tent's signature) to has/have autho		Name and A		r wiin
	The name, title or capa	(Registered against and address of the person(s) wh	tent's signature) to has/have autho	rity to manage is/are:			rwiin
	The name, title or capa Title or Capacity:	(Registered against and address of the person(s) when Name and Address:  Scott Alan Colton	tent's signature) to has/have autho	rity to manage is/are:			r with
	The name, title or capa Title or Capacity:	(Registered against and address of the person(s) who Name and Address:  Scott Alan Colton 6600 Fulconsgate Ave	tent's signature) to has/have author Title or	rity to manage is/are:			
	The name, title or capa <u>Title or Capacity:</u> <u>Manager</u>	Registered against and address of the person(s) who Name and Address:  Scott Alan Colton  6600 Falconsgate Ave  Davie, FL 33331  Donna Lorraine Col  6600 Falconsgate Ave	tent's signature) to has/have author Title or	rity to manage is/are:			rwiin
8.	The name, title or capa Title or Capacity: Manager  Manager	Registered against and address of the person(s) who Name and Address:  Scott Alan Colton  6600 Falconsoate Ave Davie, FL 33331  Donna Lorraine Colton  6600 Falconsoate Ave Davie, FL 33331	tent's signature) to has/have author Title or	rity to manage is/are:			rwiin
8. (U	The name, title or capa Title or Capacity: Manager  Manager  se attachments if neces	Registered against and address of the person(s) who Name and Address:  Scott Alan Colton  6600 Falconsoate Ave Davie, FL 33331  Donna Lorraine Colton  6600 Falconsoate Ave Davie, FL 33331	ton	rity to manage is/are: - Capacity:	Name and A	ddress:	
8. (U uri	The name, title or capa Title or Capacity:  Manager  Manager  se attachments if neces.  Attached is a certificate	Registered against and address of the person(s) when Name and Address:  Scott Alan Colton  6600 Falconsgate Ave Davie, FL 33331  Donna Lorraine Colton  6600 Falconsgate Ave Davie, FL 33331  Sary)  of existence, no more than 90 days of which it is organized. (If the certification)	ton	rity to manage is/are: - Capacity:	Name and A	ddress:	in the
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SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **VERITAS PROPERTY HOLDINGS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 6, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 14, 2018.

Bollars K. Cegerske

Barbara K. Cegavske Secretary of State

Electronic Certificate Certificate Number: C20180614-0751