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(Requestor's Name)						
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



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May 11, 2018

JAMES LANGFITT 1395 BRICKELL AVE SUITE 900 MIAMI, FL 33131

SUBJECT: HOYST, LLC Ref. Number: W18000044244

We have received your document for HOYST, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Dionne M Scott Regulatory Specialist II

Letter Number: 118A00009813

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COVER LETTER

TO:	Registration Division of	n Section Corporations	;				
SUBJE	Hoyst, I	LLC					_
			Name of L	imited Liability C	ompany		_
The en- Exister	closed "Applic nce, and check	ation by Fore are submitted	ign Limited Liability Compa to register the above refere	any for Authorizat nced foreign limite	tion to Trai ed liability	nsact Business in Florida company to transact bus	i," Certificate of siness in Florida
Please	return all corre	espondence co	oncerning this matter to the f	following:			
	Jan	nes Langfitt					
			Na	me of Person			_
	Ho	yst, LLC					
	-		Fir	m√Company	<u> </u>		_
	1395 Brickell Ave, Suite 900						_
	Address						_
	Mi	ami, FL 3313	ı				
			City/St	ate and Zip Code			_
	jlang	;fitt@vantage	managementservices.com				
			E-mail address: (to be used	for future annual	report noti	fication)	53
For fur	ther information	on concerning	this matter, please call:				ا ست پیخ
	James Lang	fitt		954 _ at (448-34	୨ ୫ ଟ	231 JUN 25
		Name of	Contact Person	Area Code	Day	time Telephone Number	₹ .
		27			Division of Registrati Clifton Bit 2661 Exc	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	D 12: 25
Enclos	ed is a check f		ng amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, of Status & Certified C	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES. THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

l. Hoyst, LLC (Name of Foreign	Limited Liability Company; must include "Limited L	Jability Company," "L.L.C.," or "LLC	
(If name unwallable, onter absentes	ume adopted for the purpose of transacting business in Florida	s. The alternate name must include "Limited I	Liability Company, ""L L C," or "LLC")
2 Delaware		3. 82-4837957	
(Jurisdiction under the law of w	frich foreign kanted hability company is organized)). (FE) m	ember, if applicable)
4	(Date limit transacted business in Florida, if prior to reg	estretting 1	
	[See sections 605,0904 & 605,0905, F.S. to determine	pennity liability)	
5. 1395 Brickell Ave, Su	ite 900	6. 1395 Brickell Ave, Suite	900
(Serect Address of Principal Office) Miami, FL 33131		Miami, FL 33131	
			
7. Name and street addre	55 of Florida registered agent: (P.O. Box)	NOT acceptable)	
Name:	Corporate Access, Inc.		
Office Address:	236 E. 6th Ave		
Office Address.	Tallahassee		
	(Chy)	, Florida 32303	code)
and accept the obligation	s of my position as registered agent. Danny Bennsts (Removed seem's use	_	
	(Registered agent's sig	noture)	
8. The name, title or cap	acity and address of the person(s) who has/	have authority to manage is/are	•
Title or Canacity:	Name and Address:	Title or Capacity:	Name and Address:
President	James Langfitt		
-	1395 Brickell Ave, Suite 900 Mismi, FL 33131		
	(Albani), (12 33 13 1		, 7
			<u></u>
			<u>in</u>
(Use attachments if neces	ssary)		T
	of existence, no more than 90 days old, do of which it is organized. (If the certificate submitted)		
	cuted in accordance with section 605.0203 (to the Department of State constitutes a third		
		- •	
	Sliphone	an exthorized person	
	James Langfitt		
		risted same of signer	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HOYST, 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 FOURTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOYST, LLC" WAS FORMED ON THE SIXTEENTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

230 July 25 FO 15 Zu

Authentication: 202814375

Date: 06-04-18