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(F	Requestor's Name)
A)	address)
(A	address)
(C	City/State/Zip/Phone #)
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(C	Oocument Number)
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N CULLIGAN OCT - 5 2018

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Vault 19	68 Management, LLC	
	Name o	f Limited Liability Company	
	plication by Foreign Limited Liability Coreck are submitted to register the above refe		ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return all c	orrespondence concerning this matter to the	ne following:	
	S	teve Beiser	
		Name of Person	
		Firm/Company	
	3	131 Jones Rd.	
		Address	
		ksonville, FL 32220	
	City	/State and Zip Code	
_		@bellsouth.net sed for future annual report no	tification)
For further inform	nation concerning this matter, please call:	sed for suture aimidal report no	uncation
roi tuttiei imoni	lation concerning this matter, please can.		
Tam	my Bishop at Legally Mine		5-2453
	Name of Contact Person	Area Code Day	rtime Telephone Number
Division Registra P.O. Bo	of Corporations tion Section x 6327 see, FL 32314	Division Registral Clifton E 2661 Ex	of Corporations tion Section Building ecutive Center Circle see, FL 32301
	ck for the following amount: 00 Filing Fee	☐ \$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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign I	.imited Liability Company; must include "L	, , , , , , , , , , , , , , , , , , ,	")
f name unavailable, enter alternate na	me adopted for the purpose of transacting business	in Florida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC")
Alaska		3. 83-2025198	
	ich foreign limited hability company is organized)		umber, if applicable)
·	(Date first transacted business in Florida, if pt (See sections 605 0904 & 605 0905, F.S. to d	nor to registration.)	
505 Old Steese I	lwv.122	6. 3131 Jones Rd.	
(Street Address of Principal Office)		(Mailing	
Fairbanks, AK 997	<u> </u>	Jacksonville, FL 32	755 E
. Name and street address	s of Florida registered agent: (P.O.	Box NOT acceptable)	FICRETA LAHAS
Name:	Steve Beiser		SERV — M
Office Address:	3131 Jones Rd.		PH 12: 1
	Jacksonville	, Florida <u>322</u> 2	
laving been named as req esignated in this applicat o comply with the provision	gistered agent and to accept service ion, I hereby accept the appointme	e of process for the above stated limi ent as registered agent and agree to a oper and complete performance of n	ted liability company at the pla act in this capacity. I further a
lesignated in this applicat o comply with the provision	tance: gistered agent and to accept service fion, I hereby accept the appointme for of all statutes relative to the pr for of my position as registered agent	e of process for the above stated limi ent as registered agent and agree to o oper and complete performance of n	ted liability company at the plac act in this capacity. I further ag
laving been named as reg lesignated in this applicat o comply with the provision and accept the obligations	tance: gistered agent and to accept service from, I hereby accept the appointme ons of all statutes relative to the pr of my position as registered agent	e of process for the above stated limi ent as registered agent and agree to a oper and complete performance of n	ted liability company at the plac act in this capacity. I further ag ny duties, and I am familiar wit
Iaving been named as reg lesignated in this applicat o comply with the provision and accept the obligations 8. The name, title or capa	tance: gistered agent and to accept service from, I hereby accept the appointme ons of all statutes relative to the pr of my position as registered agent (Registered a	e of process for the above stated limit ent as registered agent and agree to a oper and complete performance of notes. gent's signature) the has/have authority to manage is/are	ted liability company at the plac act in this capacity. I further ag ny duties, and I am familiar wit
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laving been named as regesting the sesting and accept the obligations. 3. The name, title or capa Title or Capacity: Member Member	city and address of the person(s) wind statutes relative to the person and address: Steve Beiser 3131 Jones Rd. Jacksonyllo FL 32220 Helene Friedman 23 Oak Street Greenwood Leke, NY 10925	e of process for the above stated limit ent as registered agent and agree to a oper and complete performance of notes. gent's signature) the has/have authority to manage is/are	ted liability company at the pla act in this capacity. I further a ny duties, and I am familiar wi
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Typed or printed name of signee

Alaska Entity #10092019

State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Vault 1968 Management, LLC

This entity was formed on September 25, 2018 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **September 26**, **2018**.

Mike Navarre Commissioner

Wile Marane