Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Foreign Limited Liability Company WELFONT FINANCIAL, LLC

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Help

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	VCIAL, LLC Limited Liability Company, must include "Limited		
	same adopted for the purpose of transacting business in Flor		htty Company," "L.L.C," or "LLC")
Delaware	hich foreign limited liability company is organized)	3. 37-1915287 (FEI number	r, if applicable)
(Authoritania de la Silvi	,		
ł	(Date first transacted business in Florida, if prior to r	registration.)	_
7001 4th Ct N	(Nec sections 605 0904 & 605 0905, F.S. to determ	one penalty batolity) 6. 7901 4th St N	
5. 7901 4th St N	Principal Office)	6. 1901 4(11 St 14	255)
STE 300		STE 300	
St. Petersburg Fl	_ 33702	St. Petersburg FL 33	702
7. Name and street addre Name:	ss of Florida registered agent: (P.O. Box Registered Agents Inc.	NOT acceptable)	
Office Address:	7901 4th St N STE 300		
	St. Petersburg	, Florida 33702	
decionated in this applica	egistered agent and to accept service of p		
to comply with the provis and accept the obligation	Registered agents (Registered agents) acity and address of the person(s) who have and Address:	signature)	in this capacity. I further agree tuties and I am familiar with
to comply with the provisuand accept the obligation 8. The name, title or cap	Registered agents of all statutes relative to the proper ts of my position as registered agent. (Registered agent's pacity and address of the person(s) who has Name and Address: Welfont Companies	signature) as/have authority to manage is/are:	Name Wind Address:
to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity:	Registered agents (Registered agents) acity and address of the person(s) who have and Address:	signature) as/have authority to manage is/are:	Name Wind Address:
to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity:	Registered agents (Registered agents) (Registered	signature) as/have authority to manage is/are:	Name Sid Address:
to comply with the provisuand accept the obligation 8. The name, title or capacity: AMBR (Use attachments if necessary acceptance) 9. Attached is a certificate	Registered agent. Registered agent. Registered agent. Registered agent. Registered agents Registered ag	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official ha	Name Find Address:
8. The name, title or cap Title or Capacity: AMBR (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be	Registered agent. Registered agent. Registered agents macity and address of the person(s) who have and Address: Welfont Companies 7901 4th S; N STE 300 St. Petersourg, Ft. 33702 Ssary) e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted) cuted in accordance with section 605,020 to the Department of State constitutes a the	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official hate is in a foreign language, a translate is in a foreign language.	Name Sid Address: Name Sid Address: Name Sid Address: The Sid A
8. The name, title or cap Title or Capacity: AMBR (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be	Registered agent. Registered agent. Registered agents macity and address of the person(s) who have and Address: Welfont Companies 7901 4th S; N STE 300 St. Petersourg, Ft. 33702 Ssary) e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted) cuted in accordance with section 605,020 to the Department of State constitutes a the	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official hate is in a foreign language, a translate of (1) (b), Florida Statutes. I am awar	Name Sid Address: Name Sid Address: Name Sid Address: The Sid Address: Name Sid Address: The Sid

Typed or printed name of signer

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WELFONT FINANCIAL, 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 TWENTY-EIGHTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WELFONT FINANCIAL, LLC" WAS FORMED ON THE ELEVENTH DAY OF APRIL, A.D. 2018.

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

2019 JAN 29 AM 8: 20 SLE STATE OF STATE TAIL SHASSEE, FLORID.

6840758 8300

SR# 20190527349

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202153174

Date: 01-28-19