

(F	Requestor's Name)	
(<i>f</i>	Address)	·····
	Address)	
(0	Dity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Occument Number)	
Certified Copies	Certificates of \$	Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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Shilling of Avillatud

J. A. WOLSEAN ST.

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B KINISEY MAY 15 2019



May 13, 2019

COGENCY

SUBJECT: VAST VENTURES TIMEMACHINE MANAGER II LLC

Ref. Number: W19000046550

We have received your document for VAST VENTURES TIMEMACHINE MANAGER II LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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) 245-6052.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 419A00009576



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866,625.0838 F: 866,625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:_	05/15/2019	
	Joy Weaver	
Refere	nce #: 1080828	
		TIMEMACHINE MANAGER II LLC
	Articles of Incorporation/Autho	rization to Transact Business
	Change of Agent	Carlone a statuto
	Reinstatement	Please obtain original file date
	Conversion	Original me
	Merger	J. C. C. C.
	Dissolution/Withdrawal	<u> </u>
	Fictitious Name	
V	Other CERT	IFIED COPY OF FILING EVIDENCE.
	zed Amount #638.75 ire:	* spoke to Joy and she requested that I change the aut to \$638.75 (5-15-19 @ 11:30)

F 300.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	05/10/2019	
Name:	Joy Weaver	
Reference	1080828	
		MACHINE MANAGER II LLC
✓ Arti	cles of Incorporation/Authorization (o Transact Business
Am	endment	
Cha	ange of Agent	
☐ Rei	nstatement	
Cor	nversion	
∏ Ме	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	titious Name	
✓ Oth	erCERTIFIED CO	PY OF FILING EVIDENCE.
Authorized	d Amount: \$155	
Signature:	Julau	····

COVER LETTER

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TO:

TO:		stration Section sion of Corporation	s				
SUBJE		Vast Ventures Time	Machine Manager II LLC				
(, (, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	``'.	•••	Name of I	Limited Liability (Company		
The enc Existen	losed ce, and	"Application by Ford check are submitted	eign Limited Liability Comp d to register the above refere	any for Authoriza aced foreign limit	tion to Tra ed liability	ensact Business in Florida," (company to transact busine	Certificate of ess in Florida.
Please r	eturn .	all correspondence c	oncerning this matter to the	following:			
		Douglas Cherto	k				
			N:	une of Person			
		Vast Ventures ?	Management LLC				
			Fi	rm/Company			
		4250 Galt Ocea	n Drive, Suite 10H				
				Address			
		Fort Lauderdale	e, Florida 33308				
			City/Si	tate and Zip Code	•		
		chui@cooley.cor					
			E-mail address: (to be used	for future annual	report not	ification)	
For furt	her in	formation concerning	g this matter, please call:				
	Catl	ıy Bui		206 _ at (452-87	786	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding centive Center Circle see, FL 32301	
Enclose		check for the follow 125.00 Filing Fee	ing amount: S130.00 Filing Fee & Certificate of Status	■ \$155.00 Filir Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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 DABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

dia	one onavadable, enter alternate n	name adopted for the purpose of transacting business in Fl	onda The alt	emate name must include "Limited Liab	dity Company	." "L.L.C." or	"LL(' ")
	Delaware	and duspited for the purpose of the property of					•
2		high foreign limited hability company is organized)	3.	(FEI number	er, if applicabl	le)	
	1/8/2018						
4.	170/2010	(Date first transacted business in Florida, if prior to	registration	<u> </u>			
	1310 C F O D 1	(See sections 605 0904 & 605,0905, F.S. to determ			ies IALI		
5.	4250 Galt Ocean Drive (Street Address of I	Principal Office)	6.	4250 Galt Ocean Drive, Sui			
	Fort Lauderdale, Florid		_	Fort Lauderdale, Florida 33	308	in in	ा (स्व ११६४
_			_				<u>.</u>
-	-,		-			:	
7.	Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	cceptable)		つ	
	N	Douglas Chertok				· 789	· ; *
	Name:					HH 42	•
	Office Address:	4250 Galt Ocean Drive, Suite 10H					-
		Fort Lauderdale		Florida <u>33308</u>		10	
	gistered agent's accep	(Cny)		(Zip code	:)		
to c	omply with the provis	ition, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent.	as registe r and cor	nplete performance of my o	in this caj	nacity. I j	further agree
to c	omply with the provis	ition, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent.	as registe ir and cor Douglas	red agent and agree to act i	in this caj	nacity. I j	further agree
to c unc	omply with the provis Laccept the obligation	ition. I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent. (Registered agent)	as register and con Douglas ssignature	red agent and agree to act in post of the performance of my defended by the second sec	in this caj	nacity. I j	further agree
to c unc	omply with the provis Laccept the obligation	ttion. I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent.	as register and con Douglas ssignature)	red agent and agree to act in post of the performance of my defended by the second sec	in this cap duties, an	nacity. I j	further agree miliar with
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to cane	omply with the provist accept the obligation The name, title or cap Title or Capacity:	required agent acity and address of the person(s) who have and Address: Douglas Chertok 4250 Galt Ocean Drive, Suit Fort Lauderdale, Florida 33	as register and con Owdas signature) has/have a Ti	red agent and agree to act to applete performance of my of the following	in this cap duties, an	pacity. 1) d I am fai	further agree miliar with
8. (U	The name, title or cap Title or Capacity: Manager se attachments if neces	reserve and address of the person as registered agent. Registered agent acity and address of the person (s) who have and Address: Douglas Chertok 4250 Galt Ocean Drive, Suit Fort Lauderdale, Florida 33 ssary) e of existence, no more than 90 days old of which it is organized. (If the certifical	as register and car Powdas ssignature) mas/have a Ti e 10H 308	red agent and agree to act and the inplete performance of my and the inplete performance of my and its act act and its act and its act and its act and its act act and its act act and its act act and its act	Name :	and Addr	ess:
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8. (U 9. / juri of (The name, title or cap Title or Capacity: Manager Attached is a certificate is diction under the law the translator must be s This document is executive.	acity and address of the person(s) who have and Address: Douglas Chertok, 15 of which it is organized. (If the certificate) Pouglas Chertok of the person (s) who have and Address: Douglas Chertok of the person (s) who have a second of	as register and con Owlas signature) nas/have a Ti e 10H 308 duly aut nte is in a Dowlas Owlas	henticated by the official ha foreign language, a translation of the following of the following of the foreign language, a translation of the following of the	Name:	ody of receptificate	ess:

Page 1



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

DELAWARE, DO HEREBY CERTIFY "VAST VENTURES TIMEMACHINE MANAGER II

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 TENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VAST VENTURES TIMEMACHINE MANAGER II LLC" WAS FORMED ON THE EIGHTH DAY OF JANUARY, A.D. 2018.

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

Authentication: 202803036

Date: 05-10-19

6699810 8300 SR# 20193757363

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