

M19000004885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

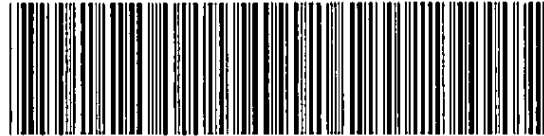
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19-47663

Office Use Only



800329165308

FILED
19 MAY 14 PM 11:33
ONE STOP
TALLAHASSEE, FLORIDA

RECEIVED
SECRET OF STATE
19 MAY 14 PM 4:18

K. SALY
MAY 17 2019



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

Account#: I200000000088

Date: 05/16/2019

Name: Joy Weaver

Reference #: 1080828

Entity Name: VAST VENTURES VISION MANAGER LLC

☒ Articles of Incorporation/Authorization to Transa

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF FILING EVIDENCE.

*Please obtain
original filing
date.*

Tnx.

Authorized Amount: \$932.50

Signature: *Joy Weaver*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2019

COGENCYGLOBAL

SUBJECT: VAST VENTURES VISION MANAGER LLC
Ref. Number: W19000047663

We have received your document for VAST VENTURES VISION MANAGER LLC and the authorization to debit your account in the amount of \$777.50. However, the document has not been filed and is being returned for the following:

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 \$777.50.

The total amount due is \$902.50.

The cost to file an LLC is \$125.00 on top of the penalty fee.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 519A00009765

RECEIVED
19 MAY 16 AM 11:16
REGULATORY SPECIALIST II
DIVISION OF CORPORATIONS
DEPT. OF STATE, FLORIDA

**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:

1. Vast Ventures Vision Manager LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. 12/1/2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 4250 Galt Ocean Drive, Suite 10H
(Street Address of Principal Office)
Fort Lauderdale, Florida 33308
6. 4250 Galt Ocean Drive, Suite 10H
(Mailing Address)
Fort Lauderdale, Florida 33308

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Douglas Chertok

Office Address: 4250 Galt Ocean Drive, Suite 10H
Fort Lauderdale, Florida 33308
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Douglas M. Chertok

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Douglas Chertok</u> <u>4250 Galt Ocean Drive, Suite 10H</u> <u>Fort Lauderdale, Florida 33308</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Douglas M. Chertok

Signature of an authorized person

Douglas Chertok, Manager

Typed or printed name of signee

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19 MAY 14 PM 11:33
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VAST VENTURES VISION MANAGER 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 FOURTEENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VAST VENTURES VISION MANAGER LLC" WAS FORMED ON THE SECOND DAY OF FEBRUARY, A.D. 2017.

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

FILED
19 MAY 14 PM 11:34
STATE OF DELAWARE
TALLAHASSEE, FLORIDA



6304098 8300

SR# 20193875136

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202820597

Date: 05-14-19