

MI19000012018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

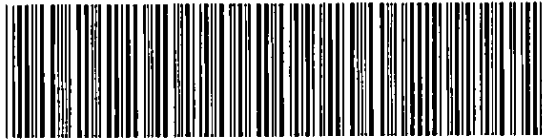
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 DEC 18 PM 4:44
TALLAHASSEE, FLORIDA

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✓

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 106062 5021613

AUTHORIZATION :

COST LIMIT : \$ 125.00



TALLAHASSEE, FLORIDA

2019 DEC 18 PM 4:44

ORDER DATE : December 18, 2019

ORDER TIME : 3:29 PM

ORDER NO. : 106062-010

CUSTOMER NO: 5021613

FOREIGN FILINGS

NAME: VIA ACQUISITIONS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Via Acquisitions LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kayla Lee
Name of Person

c/o Wexford Capital LP
Firm/Company

411 West Putnam Avenue, Suite 125
Address

Greenwich, CT 06830
City/State and Zip Code

legalnotices@wexford.com
E-mail address: (to be used for future annual report notification)

2019 DEC 18 PM 4:44
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kayla Lee at (203) 862-7000
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
 Division of Corporations
 Registration Section
 P.O. Box 6327
 Tallahassee, FL 32314

STREET ADDRESS:
 Division of Corporations
 Registration Section
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
 \$130.00 Filing Fee & Certificate of Status
 \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Via Acquisitions LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name 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. Applied for
(FBI number, if applicable)

4. Upon qualification
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 411 West Putnam Avenue
(Street Address of Principal Office)
Suite 125
Greenwich, CT 06830

6. 411 West Putnam Avenue
(Mailing Address)
Suite 125
Greenwich, CT 06830

TALLAHASSEE, FLORIDA
2019 DEC 18 PM 4:14

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

By: [Signature] Corporation Service Company
Kadesha Roberson
Asst. Vice President
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

Manager Name: Wayne Heller

Member Address: 10534 Iron Horse Lane

Authorized Carmel, IN 46032

Person _____

Other Director Other _____

Manager Name: Amos Vizer

Member Address: 1025 Anchorage Ct.

Authorized Winter Park, FL 32789

Person _____

Other Director Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Andre Jakubowski

Member Address: 411 West Putnam Avenue

Authorized Suite 125

Person _____

Other Director Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

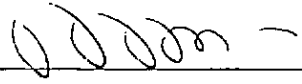
Other _____ Other _____

FALL 2019
 2019 DEC 18 PM 4:41
 TALLAHASSEE, FL 32304
 DIVISION OF
 REVENUE

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.



 Signature of an authorized person

Arthur Amron, Vice President and Assistant Secretary

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIA ACQUISITIONS 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 EIGHTEENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIA ACQUISITIONS LLC" WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2019.

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

2018 DEC 18 PM 4:44
TALAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

7758169 8300

SR# 20198725835

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

Authentication: 204250345

Date: 12-18-19