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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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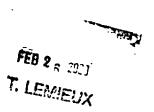
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2028 FEB 211 P 5:3



## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Veca Badge 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:					
Margaret LaFlam Name of Person					
Versa Badal, LLC Firm/Compine					
POBOX 1479 Address					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Wasgaset LaFlam at 863 661-3820 Chame of Contact Person Area Code Daytime Telephone Number					
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  Please make check payable to: FLORIDA DEPARTMENT OF STATE  S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy					



February 12, 2020

MARGARET LAFLAM P.O. BOX 1479 MULBERRY, FL 33860

SUBJECT: VERSA BADGE, LLC Ref. Number: W20000014840

We have received your document for VERSA BADGE, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 820A00003202

RECEIVED

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

COMPANYTOTRANSACT BUSIN	N 605.0902, FLORIDA STATUTES, THE FOL FSS IN THE STATE OF FLORIDA:			GN LIMITED LIABILITY
1. (Name of Foreign Lim	Sa Badge, LLC inted Liability Company: ritust include "Limited	Liability Company," L.L.C.	.," or "LLC.")	
	adopted for the purpose of transacting business in Flor	nda. The alternate name must inc	Inde "Limited Liability Compan	y," "L.L.C," or "LLC,")
off name unavailable, enter atternate name	adopted for the purpose of humaning com-		_	
2. Dela distribution under the law of which	toreign limited liability company is organized)	3 <i>(</i> 2	FEI number, if applicable	<u> </u>
4	(Date first transacted business in Florida, if prior to n (See sections 605,0904 & 005,0905, F.S. to determin	egistration.) ic penalty liability)		
5. 16422 NE 3 (Street Address of Principal Office)	4 Ave	$\circ$	DBOX 14	179
north miam	i Beach)	M	alberry, Fr	<u> </u>
F1 33	160			
7. Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Corporation Service Com	ipany	A	
Office Address:	1201 Hays Street		120 2 L	
	Tallahassee	. Florid	a 32301 U	
designated in this application to comply with the provision and accept the obligations	·	r and complete perform	nance of my duties, an	d I am familiar with

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: 6eorge □Manager □Manager (Sember ☐ Member mulberry, F1 338 □ Authorized Authorized Person Person □Other\_\_\_ □Other\_\_\_ □ Other\_\_\_\_\_ □Other\_\_\_ Name: Rruce Kulens □Manager □Manager Address: 16422 NE34 Ave Address: \_\_\_\_\_\_ □ Member **Ø**Member Authorized □ Authorized Person Person Other\_\_\_\_ ☐Other\_\_\_\_ Other\_\_\_\_\_ Other\_\_\_\_ □Manager Name: \_\_\_\_\_\_ ☐ Manager Address: \_\_\_\_\_ □Member Address: \_\_\_\_\_ ☐ Member □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "VERSABADGE, 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 FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERSABADGE, LLC" WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2016.

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

Authentication: 202410626

Date: 02-18-20

6217343 8300

SR# 20201225372