

11/11/21, 10:06 AM

Division of Corporations

Florida Department of State  
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Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : 120040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
VAULT 26 CAPITAL LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2021 NOV 12 AM 11:11

TALLAHASSEE, FLORIDA

STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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# 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. VAULT 26 CAPITAL 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. New York  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

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

5. 19790 W DIXIE HWY SUITE 907, MIAMI FL, 33180  
(Street Address or Principal Office)

6. 19790 W DIXIE HWY SUITE 907, MIAMI FL, 33180  
(Mailing Address)

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

Name: NATANEL BENJAMINOV

Office Address: 19790 W DIXIE HWY SUITE 907

MIAMI, Florida 33180  
(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.

*Natanel Benjaminov*

(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: NATANEL BENJAMINOV	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 200 SUNNY ISLES BLVD APT 503	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: DAVID BENJAMINOV	 <input type="checkbox"/> Manager	 Name: _____
<input checked="" type="checkbox"/> Member	Address: 200 SUNNY ISLES BLVD APT 503	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: DANIEL BACHAYEV	 <input type="checkbox"/> Manager	 Name: _____
<input checked="" type="checkbox"/> Member	Address: 7243 139TH STREET	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	FLUSHING NY, 11367	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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.

*Natanel Benjaminov*

\_\_\_\_\_  
Signature of an authorized person

NATANEL BENJAMINOV

\_\_\_\_\_  
Typed or printed name of signer

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## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	VAULT 26 CAPITAL LLC
DOS ID Number:	5827598
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	09/03/2020
Statement Status:	CURRENT
Statement Due Date:	09/30/2022

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SECRETARY OF STATE  
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I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	ARTICLES OF ORGANIZATION
Date of Filing:	09/03/2020
Entity Name:	VAULT 26 CAPITAL LLC

Document Type:	CERTIFICATE OF PUBLICATION
Date of Filing:	03/30/2021

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Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on November 11, 2021  
at 10:29 A.M.



ROSSANA ROSADO, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State