Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((II21000418199 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 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	

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

NUV 15 2021

(((H210004181993)))

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 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 Plotida. The alternate name must include "Limited Liability Conquany," "L. L. C." or "L.L.C.") (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florids, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty lishility) 19790 W DIXIE HWY SUITE 907, MIAMI FL, 33180 19790 W DIXIE HWY SUITE 907, MIAMI FL, 33180 (Street Address of Principal Office) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NATANEL BENJAMINOV Name: 19790 W DIXIE HWY SUITE 907 Office Address: MIAMI 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 Benjaminou (Registered agent's signature)

(((H210004181993)))

of the translator must be submitted)

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: NATANEL BENJAMINOV	□Manager	Name:	
■Member	Address: 200 SUNNY ISLES BLVD APT 503	□Member	Address:	
□Authorized	SUNNY ISLES BEACH, FL 33160	□Authorized		· · · · · · · · · · · · · · · · · · ·
Person		Person		
Other	Other	□Other		Other
□Manager	Name: DAVID BENJAMINOV	□Manager	Name:	
≣Member	Address: 200 SUNNY ISLES BLVD APT 503	□Member	Address: _	
□Authorized	SUNNY ISLES BEACH, FL 33160	□Authorized		2 2
Person		Person		T. S.
Other	Other	Other		Other
□Manager	Name: DANIEL BACHAYEV	□Manager	Name:	
■Member	7243 139TH STREET	□Member	Address:	
□Authorized	FLUSHING NY, 11367	□Authorized		
Person		Person		
Other	□ Other	Other		Other

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

Signature of an authorized person

Typed or printed name of signer

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

NATANEL BENJAMINOV

(((H21000418199 3)))

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:

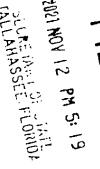
09/03/2020

Statement Status:

CURRENT

Statement Duc Date:

09/30/2022



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

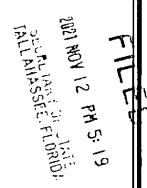
Document Type:

CERTIFICATE OF PUBLICATION

Date of Filing:

03/30/2021

(((H210004181993)))



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

Brandon C Heylan

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100000622462 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://www.neg.ny.gov

Page 2 of 2