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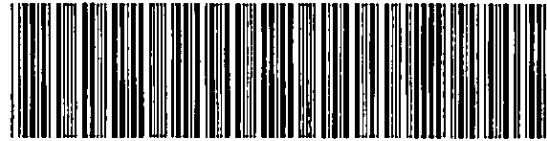
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vectis Strategies, 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:

Toby Milavski

Name of Person

Vectis Strategies, LLC

Firm/Company

2121 Rosecrans Ave. Ste 2380

Address

El Segundo, CA 90245

City/State and Zip Code

tmilavski@vectisstrategies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Toby Milavski

310

351-0286

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 800002, FLORIDA STATUTES, THE FOLLOWING IS A LIMITED LIABILITY COMPANY (LLC) WISHING TO REGISTER AS A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Vectis Strategies, LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company", "LLC", or "LLP")

2 State incorporated, organized, or formed for the purpose of conducting business in Florida. The alternate name must include "Limited Liability Company", "LLC", or "LLP".

California

3 16-1988422

(Jurisdiction under the laws of which Foreign Limited Liability Company is organized)

(LLC number if applicable)

4 January 1, 2022

(Date first transacted business in Florida (if prior to registration)
See section 800.02(2)(a) of the Florida Statutes for information regarding liability.

5 1951 NW 7th Ave

6 2121 Rosecrans Ave

(Street Address of Principal Office)

(Mailing Address)

Suite 600

Suite 2380

Miami, FL 33136

El Segundo, CA 90245

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

Name:

Matt Pressberg

Office Address:

789 West Yamato Road #227

Boca Raton

33431

Florida

(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.



(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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 checked="" type="checkbox"/> Manager	Name: <u>David Herbst</u>	<input type="checkbox"/> Manager	Name: <u>Toby Milavski</u>
<input checked="" type="checkbox"/> Member	Address: <u>2121 Rosecrans Ave</u>	<input type="checkbox"/> Member	Address: <u>2121 Rosecrans Ave</u>
<input type="checkbox"/> Authorized	<u>Ste 2380</u>	<input checked="" type="checkbox"/> Authorized	<u>Ste 2380</u>
Person	<u>El Segundo, CA 90245</u>	Person	<u>El Segundo, CA 90245</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<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: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<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.



Signature of an authorized person

David A Herbst

Typed or printed name of signer



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: VECTIS STRATEGIES, LLC
File Number: 201303710007
Registration Date: 02/05/2013
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of January 12, 2022 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of California
this day of January 13, 2022.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: Z1A9A4Y

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.