

M22000003089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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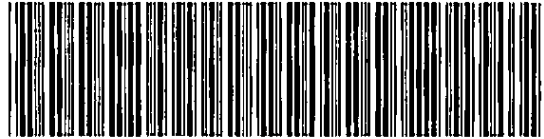
(Business Entity Name)

(Document Number)

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SEC. OF STATE
TALLAHASSEE, FL

W22-2260

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VANTAGEVAN 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:

KHAMMBREL ALEXANDER

Name of Person

VANTAGEVAN LLC

Firm/Company

3709 W CALAVAR ROAD

Address

PHOENIX ARIZONA 85053

City/State and Zip Code

KHAM@VANTAGEVAN.COM

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

For further information concerning this matter, please call:

KHAMMBREL ALEXANDER

Name of Contact Person

at (954)

Area Code

918 0313

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 802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. VANTAGE VAN LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

VANTAGE LLC
(If name unavailable, exact alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. ARIZONA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A
(FBI number, if applicable)

4. N/A
(Has first transacted business in Florida, if prior to organization?
(See sections 807.0004 & 807.0005, F.S. to determine penalty liability)

5. 1475 N SCOTTSDALE RD
(Street Address of Principal Office)

6. 1475 N SCOTTSDALE RD
(Mailing Address)

SCOTTSDALE

SCOTTSDALE

ARIZONA 85253

ARIZONA 85253

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

Name: KHAMAREL ALEXANDER

Office Address: 9640 NW 2ND STREET

WILSON PEMBROKE PINES, Florida 33024
(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.

Khamarel Alexander

(Registered agent's signature)

SEAL OF THE
TALLAHASSEE, FL

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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: <u>JOHN LOVE</u>	<input type="checkbox"/> Manager	Name: <u>RICHARD SCRIVEN</u>
<input type="checkbox"/> Member	Address: <u>40 COLESWOOD RD</u>	<input type="checkbox"/> Member	Address: <u>8 COPPER BEACHES</u>
<input type="checkbox"/> Authorized	<u>HARPENDEN, AL5 1EQ</u>	<input type="checkbox"/> Authorized	<u>MILTON ROAD, HARPENDEN</u>
Person	<u>UNITED KINGDOM</u>	Person	<u>AL5 5LW, UNITED KINGDOM</u>
<input checked="" type="checkbox"/> Other <u>DIRECTOR</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>DIRECTOR</u>	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>KHAMBREL ALEXANDER</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>9640 NW 2ND ST.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>UNIT 5308 PEMBROKE PINES</u>	<input type="checkbox"/> Authorized	_____
Person	<u>FLORIDA 33024</u>	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.

Khambrel Alexander

Signature of an authorized person

KHAMBREL ALEXANDER

Typed or printed name of signer

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Vantage UAV LLC

ACC file number: 23266766

was incorporated under the laws of the State of Arizona on 09/01/2021, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the
Arizona Corporation Commission, and issued this Certificate on this date: 02/24/2022



A handwritten signature in black ink, reading "Matthew Neubert", written over a horizontal line.

Matthew Neubert, Executive Director