

M24000015167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W24-158748

Office Use Only



400439611154

APPROVED
AND
FILED

2024 DEC -5 PM 2:51

CLERK OF SUPERIOR COURT
JANUARY 1, 2025

RECEIVED

2024 DEC -3 AM 10:51

CLERK OF SUPERIOR COURT
JANUARY 1, 2025

DEC 05 2024
K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2024

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: VICTORY HILL, LLC
Ref. Number: W24000158748

We have received your document for VICTORY HILL, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is I19000166805 "VICTORY HILLS LLC".

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

List only one person as Registered Agent. Please remove Howard R. Verfaillie. I19000166805 "VICTORY HILLS LLC"

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 724A00026187

2024 DEC -5 PM 12:22

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account 120210000160: ___\$ 125.00_

Authorization Signature: *[Signature]*

Victory Hill Limited Liability Company

___ Walk in

___ Will wait

___ Certified Copies of the Articles of Organization

___ Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
___ LLC
___ Domestication
___ INC
___ CORP
___ OTHER

AMENDMENTS

___ Amendment
___ Resignation of R.A.
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Conversion
___ Statement of Authority
___ Merger
___ Amended and Restated Articles

OTHER FILINGS

___ Annual Report
___ Fictitious Name
___ Statement of Authority
___ APOSTIL _____
 COUNTRY

REGISTRATION/QUALIFICATIONS

__X__ Foreign Filing
___ Partnership
___ Reinstatement
___ CORRECTION for a LLC
___ Domestication of a Foreign Corp.
_____ Other

EXAMINER'S INITIALS: _____

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. Victory Hill Limited Liability Company
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLC.")

Victory Hill Management company LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

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

3. 462980011
(FEI number, if applicable)

4. None
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2121 So. Palmetto Ave.
(Street Address of Principal Office)

6. same
(Mailing Address)

South Daytona, FL 32119

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

Name: Margaret Verfaillie

Office Address: 2121 So. Palmetto Ave.

South Daytona, Florida 32119
(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.

Margaret Verfaillie
(Registered agent's signature)

APPROVED
AND
FILED
2014 DEC -5 PM 2:51
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN 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>Margaret S. Verfaillie</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Howard R. Verfaillie Jr.</u>
<input type="checkbox"/> Member	Address: <u>2121 So. Palmetto Ave.</u>	<input type="checkbox"/> Member	Address: <u>2121 So. Palmetto Ave.</u>
<input type="checkbox"/> Authorized	<u>South Daytona, FL 32119</u>	<input type="checkbox"/> Authorized	<u>South Daytona, FL 32119</u>
Person	_____	Person	_____
<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"/> 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	_____

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
Margaret S. Verfaillie
Typed or printed name of signee

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

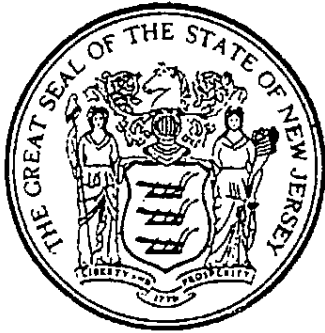
VICTORY HILL LIMITED LIABILITY COMPANY
0400579978

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 10, 2013.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MARGARET J. VERFAILLIE
514 LEONARD LANE
MULLICA HILL, NJ 08062-9570



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
15th day of November, 2024*

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6158994478

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp