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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:

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## Foreign Limited Liability Company VISTA SUPPORTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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3/14/2024 08:∔4:22 PDT. To: 18506176383 Page: 2/4 Fax: 8134365206

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

IN COMPLIANCE WITH SECTION 605,0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. VISTA SUPPORTS LL							
(Name of Foreign	Limited Liability Company; must include "Limited Lia	bility Con	ipany," "L.L.C.," or "LL.C.")				
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Florida	The alterna	ne name must melude "Lumned Lia	bility Company,	""LLC.	oc"LLC.")	
2 District of Columbia		3. 99-1746244					
Charisdiction under the law of which foreign limited hability company is organized)			(FEI number, if applicable)				
4							
	(Date first transacted business in Florida, if prior to regist (See sections 605 0904 & 605 0905, E.S. to determine pe	ration.) nalty habili	(y)	. <del></del>			
7901 4th St N STE 300		7901 4th St N STE 300		SE	202		
(Street Address of Principal Office)			(Mailing Address)	- ALC	2024 HAR		
St. Petersburg, FL 33702		St. Petersburg, FL 33702				POLINIA DADES	
		~=		64 00	+ PM		
				וריניי <u>.</u> 	<u>∵</u>		
7. Name and street address	s of Florida registered agent: (P.O. Box) <u>N</u> C	<u>)T</u> acce <sub>l</sub>	ntable)		=		
Name:	Registered Agents Inc		_				
Office Address:	7901 4th St N STE 300						
	St. Petersburg		, Florida 33702				
	(Cny)		(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.

avid Sperts
(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]:

Title or Capacity:	Name and Address:	Title or Capacity	Name and Address:
□Manager	Name: Myers-Brown, Precious	□Manager	Hernandez, Carl Name:
XMember	Address:	<b>X</b> Member	Address:
□Authorized	7901 4th St N STE 300	□Authorized	7901 4th St N STE 300
Person	St. Petersburg FL 33702	Person	St. Petersburg FL 33702
⊡Other	□Other	☐ Other	Other
□Manager	Name:	□Manager	Nume:
X!Member	Address:	□Member	Address:
ElAuthorized	7901 4th St N STE 300	□ Authorized	
Person	St. Petersburg Ft. 33702	Person	
□Other	Other	□Other	□Other
∐Manager	Name:	L!Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	□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.847.155, F.S.

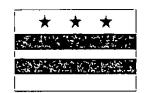
Retine	4 V=101.47	
	/ Signature of an arthorized person	
Robin Jones		
	Typed or printed name of signer	

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Initial File #: L00007908856 Entity Type: LLC

#### GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF LICENSING AND CONSUMER PROTECTION CORPORATIONS DIVISION



#### CERTIFICATE

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this CERTIFICATE OF GOOD STANDING is hereby issued to

VISTA SUPPORTS LLC

WE FURTHER CERTIFY that the domestic entity is formed under the law of the District on 02/09/2024; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor: The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

**IN TESTIMONY WHEREOF** I have hereunto set my hand and caused the seal of this office to be affixed as of 3/13/2024 3:54 PM

OF COLUMN WITH THE PROPERTY OF THE PROPERTY OF

Muriel Bowser Mayor

Tracking #: AskcXfxL

Business and Professional Licensing Administration

Rebecca Janevich
REBECCA JANOVICH

Superintendent of Corporations.

Corporations Division