(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.						

Office Use Only



600434633836

08/18/24--01981--004 ++70.00

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUR	ECT: VERY IMPORTANT PLANET	CAPITAL CO	RP	
5050		corporation - r	nust include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign Corp ficate of Existence," or "Certificate of referenced foreign corporation to tran	Good Standin	g" and check are submitte	
Please	return all correspondence concerning	this matter to	the following:	
AMY	LEVINE			
		Name of Per	son	
VERY	IMPORTANT PLANET CAPITAL CO	RP		
		Firm/Compa	ny	
20900	NE 30TH AVE STE 600			
		Address		
AVEN	ITURA FLORIDA 33180			
_	(	City/State and	Zip code	
ADM	N@VIPCAPITAL.COM			
	E-mail address: (	to be used for	future annual report notifi	ication)
For fu	rther information concerning this mat	ter, please call	:	
AMY	LEVINE at	(305)	937-0300	
	Name of Person	Area Code	Daytime Telephone	Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	)	MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Please	sed is a check for the following amount make check payable to: FLORIDA DEP 0.00 Filing Fee	ARTMENT O Fee &   S		\$87.50 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavai	lable in Florida, enter alternate corpor	rate name adopted for the purpose of transacting business in	n Florida)	_
DELAWARE		3. 99-4353945	_	_
(State or count	try under the law of which it is incorp	orated) (FEI number, if applicable)		
4. AUGUST 6, 20	)24	5		_
(Dat	e of incorporation)	5. (Date of duration, if other than perpetu	al)	
6.	_			_
		business in Florida, if prior to registration)  1 & 607.1502, F.S., to determine penalty liability)		
7 20900 NE 30TH AVE STE600 AVENTURA FL 33180				 ≥ ≥
	(Pri	incipal office street address)	AUG	ECRE I
	(Curr	rent mailing address, if different)	$-\frac{\pi}{\omega}$	
	(02.	rem manning asserted in annual and		->-<'-
	(02.	,	3	3500 5400 5400 5400 5400 5400 5400 5400
8. Name and stre	,	gent: (P.O. Box NOT acceptable)	P3 12:	ORPORAL YOF STAI
	,	· ·	PM 12: 05	DAPCIVITORS A OL STATE
8. Name and <u>stre</u> Name: Office Address:	eet address of Florida registered ag	· ·	RM 12: 05	OBSOCIATIONS
Name:	eet address of Florida registered ag	· ·	PM 12: 05	OBSCRATIONS Y OF STATE
Name:	eet address of Florida registered ag  AMY LEVINE  20900 NF 30TH AVE STE600	gent: (P.O. Box NOT acceptable)	PM 12: 05	SHECKVITCHS

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

### Docusign Envelope ID: 341BB233-1BFA-42FF-A9B4-2CDAE9800401 A. DIRECTORS Name: AMY LEVINE □ Chairman □ Chairman Name: \_\_\_\_\_ 20900 NE 30TH AVE STE600 □Vice Chairman Address: \_ □ Vice Chairman Address: AVENTURA, FL 33180 ☐ Director Director President □ President □Vice President \_\_ □Vice President □ Treasurer ■ Secretary □ Secretary □ Treasurer □Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ □ Chairman □ Chairman □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □ President ☐ President □Vice President ☐ Vice President □ Secretary □Treasurer ☐ Secretary ☐ Treasurer Other Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ □Other \_\_\_\_\_ □Chairman Chairman Name: \_\_\_\_\_ Name: □Vice Chairman Address: ☐ Vice Chairman Address: Director □ Director ☐ President ☐ President ☐ Vice President \_\_ ☐ Vice President ☐Treasurer ☐ Secretary ☐ Secretary ☐ Treasurer ☐ 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.

-6F440D51F0O8426 ..

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

**AMY LEVINE - PRESIDENT** 

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VERY IMPORTANT PLANET CAPITAL CORP."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF AUGUST, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERY IMPORTANT PLANET CAPITAL CORP." WAS INCORPORATED ON THE SIXTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204115498

Date: 08-08-24

4589270 8300 SR# 20243359495