L12000053308

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000053087

1. Limited Liability Company's Name
VICTORY MANAGEMENT LLC

800355599826
10/08/19--01008--017 **798

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
276 ALHAMBRA CIRCLE	276 ALHAMBRA CIRCLE
Suite, Apt. #, etc: N/A	Suite, Apt. #, etc: N/A
City & State: CORAL GABLES FL	City & State: CORAL GABLES FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. State/Country of Formation: FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida: 1/9/2012

6. FEI Number: # 94-0379010 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: RSS HOLDINGS LLC

Street Address (P.O. Box Number is Not Acceptable) Suite,
276 ALHAMBRA CIRCLE

Apt. #, Etc
N/A

City: CORAL GABLES State: FL Zip Code: 33134

2019 OCT -8 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 30/9/19
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State
	RSS HOLDINGS LLC	276 ALHAMBRA CIRCLE CORAL GABLES FL 33134	CORAL GABLES FL 33134
			Y SUILKER
			OCT 28 2019

11. E-mail Address: SOODRANJIT@YAHOO.CO.UK
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am 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.

Signature of authorized representative/member: [signature] Date: 30/9/19 Daytime Phone #: 786 566 6191

Typed or printed name of signing authorized representative/member: RANJIT SOOD