FILED

2017 OCT -4 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M15000000730

1 Limited Liability Company's Name
VERO A1A, LLC

900304211859

CR2E041 (1/14)

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
20 Jay Street	20 Jay Street
Suite, Apt. #, etc: Suite 1003	Suite, Apt. #, etc: Suite 1003
City & State: Brooklyn, NY	City & State: Brooklyn, NY
Zip: 11201 Country:	Zip: 11201 Country:

4. State/Country of Formation: State of Delaware

5. Date Organized or Qualified To Do Business in Florida: January 28, 2015

6. FEI Number: 47-2110337 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite: 1201 Hays Street

Apt. # Etc:

City: Tallahassee State: FL Zip Code: 32301

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: Roxanne Turner — REGISTERED AGENT MUST SIGN

Roxanne Turner
Asst. Vice President

Date: 10/4/17

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Jared Della Valle	20 Jay St, Suite 1003	Brooklyn, NY 11201
Manager	AJ Pires	20 Jay St, Suite 1003	Brooklyn, NY 11201

11. E-mail Address: jdellavalle@alloyllc.com, ewan@alloyllc.com
(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: _____ Date: 10/3/17 Daytime Phone #: 718-222-8155

Typed or printed name of signing authorized representative/member: AJ Pires

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 845732 7999930

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : October 3, 2017

ORDER TIME : 3:14 PM

ORDER NO. : 845732-005

CUSTOMER NO: 7999930

REINSTATEMENT

NAME: VERO A1A, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XXX ___ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____