

M15000005264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

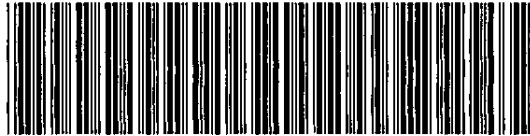
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800274276838

06/26/15--01028--001 **130.00

FILED
15 JUL -6 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 07 2015
J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2015

SAM JUNDI
551 COLISEUM ST UNIT 23203
ORLANDO, FL 32828

SUBJECT: V1, LLC
Ref. Number: W15000044319

We have received your document for V1, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company 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.," "LC.," "Ltd.," and "Co."

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 515A00013577

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: V1, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Sam Jundi

Name of Person

VI, LLC

Firm/Company

551 Coliseum St., Unit 23203

Address

Orlando FL 32828

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam Jundi at (248) 561-8447

Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Corrected Original - NAME Variation

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. V2, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

V2 of Central Florida LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. State of Michigan 3. 47-4272981
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Date of Registration
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 551 Coliseum St., Unit 23203, Orlando FL 32828

(Street Address of Principal Office)

6. 551 Coliseum St., Unit 23203, Orlando FL 32828

(Mailing Address)

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

Name: Sam Jundi
Office Address: 551 Coliseum St., Unit 23203,
Orlando, Florida 32828
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Sam Jundi-Manager, 551 Coliseum St., Unit 23203, Orlando FL 32828

Loyal Akkawi Jundi-Member, 551 Coliseum St., Unit 23203, Orlando FL 32828

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)

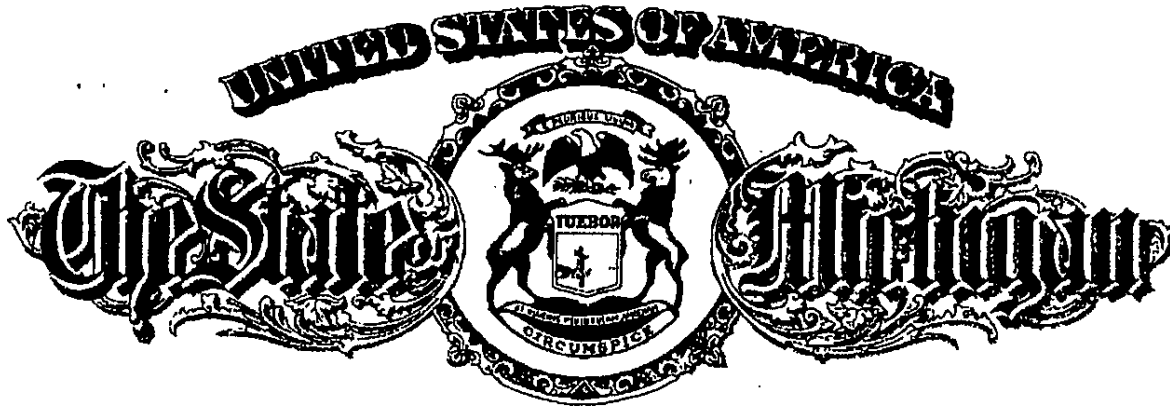
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that
the facts stated herein are true. 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.)

Sam Jundi

Typed or printed name of signer

FILED
5 JUL -6 AM 10:55
CLERK OF STATE
TALLAHASSEE, FLORIDA



Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That

VI, LLC

was validly organized on June 15, 2015 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

FILED
15 JUL -6 AM 10:55
SECRETARY OF STATE
ALLANASSE, FLORIDA



Sent by Facsimile Transmission
1316207

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 25th day of June, 2015*

Alan J. Schefke, Director
Corporations, Securities & Commercial Licensing Bureau