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To:				ECI
	Division of Cor	porations		APP CI
	Fax Number	: (850)617-6383		IAR IARS
From:				m-<
	Account Name	: C T CORPORATION	SYSTEM	
	Account Number	: FCA00000023		-V. 10
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

TO: **Registration Section Division of Corporations**

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RVFM 4 SERIES, LLC

SUBJECT:

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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:

CORY GERBRANDT

Name of Person

CT CORPORATION

Firm/Company

.

2075 CENTRE POINTE BLVD.

Address

TALLAHASSEE, FL 32308

City/State and Zip Code

CORY.GERBRANDT@WOLTERSKLUWER.COM

Certificate of Status

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

For further information concerning this matter, please call:

CORY GERBRANDT		850 at (\$58193 \	13		
Name	Area Code	Daytime Telephone Number				
MAILING ADDRESS	MAILING ADDRESS:			STREET ADDRESS:		
Division of Corporation	Division of Corporations					
Registration Section	Registration Section					
P.O. Box 6327	Clifton Building					
Tallahassec, FL 32314	2661 Executive Center Circle					
		Tallahassee, FL 32301				
Enclosed is a check for the follow	ving amount:					
S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	 S155.00 Filing Certified Conv 	Fee &	S160.00 Filing Fee, Certificate of Status & Certified Copy		

Certified Copy

10/13/2015 9:27:05 AM From: To: 8506176383(3/4)

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

t

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:

L. RVFM 4 SERIES, LLC

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

(If name unavailable, enter al Liability Company," "L.L.C.	ternale na or "LLC	ame adopted for the purpose of transacting busin	ess in Fiorida. The alternate nam	no must include "Limited
DELAWARE				
(Jurisdiction under the law company is organized)	of which	foreign limited flability	(FEI number, if applicable)	
4				12
	((Se	Date first transacted business in Florida, if prior e sections 605.0904 & 605.0905, F.S. to determi	to registration.) inc ocnuty liability)	一部 5 11
5. 16 BERRYHILL ROA		200		THIS OCT 13
COLUMBIA, SC 292	210			ASS IN T
······		(Street Address of Principal Office)		RORD
6. 16 BERRYHILL ROA	D, STE :	200		- FS 9
COLUMBIA, SC 29	210			LE FLORID
		(Mailing Address)	······································	
7. Name and street address	s of Flor	rida registered agent: (P.O. Box NOT acce	ptable)	
Name:		orporation System		
Office Address:	1200 \$	South Pine Island Road	_	
	Planta	tion	, Florida (Zin code)	
		(City)	(Zip code)	
designated in this applica to complywith the provision accept the obligations of t	tion, I h ons of al	agent and to accept service of process for t ereby accept the appointment as registered Il statutes relative to the proper and comple ion as registered agent. C T Corporation System (Registered agent's signature	agent and agree to act in the te performance of my duties	is capacity. I further agree , and I am familiar with and
		(Registered agent's signature	2)	() • • •
8. The name, title or capa	icity and	address of the person(s) who hos/have author	ority to manage is/are:	
VPM HOLDINGS, LLC,	MANAG	GER, 16 BERRYHILL RD SUITE 200 COI	LUMBIA, SC 29210	
9. Attached is a certificate jurisdiction under the law of the translator must be st	of which	ence, no more than 90 days old, duly authent it is organized. (If the certificate is in a fore)	ticated by the official having sign language, a translation of	custody of records in the the certificate under oath
	_	60000		_
		_Signature of an authorized pen-	un	
This document is executed submitted in a document to	in accor the Dep	rdance with section 605.0203 (1) (b). Florida partment of State constitutes a third degree fe	a Statutes. I am aware that any slony as provided for in s.817	False information 155, F.S.
	Ste	IEA Randall Authorized Typed or printed name of signed	d Sgnec	-

10/13/2015 9:27:05 AM From: To: 8506176383(4/4)

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RVFM 4 SERIES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF OCTOBER, A.D. 2015.

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

1015 OCT 13 AM 10: 00



Authentication: 10223859 Date: 10-12-15

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SR# 20150472999

You may verify this certificate online at corp.dalaware.gov/authver.shtml