# M17000000333

| (Re                                     | equestor's Name)   |                    |  |  |  |
|-----------------------------------------|--------------------|--------------------|--|--|--|
| (Address)                               |                    |                    |  |  |  |
| (Ad                                     | ldress)            |                    |  |  |  |
| (Cit                                    | ty/State/Zip/Phone | <del>&gt;</del> #) |  |  |  |
| PICK-UP                                 | WAIT               | MAIL               |  |  |  |
| (Business Entity Name)                  |                    |                    |  |  |  |
| (Document Number)                       |                    |                    |  |  |  |
| Certified Copies                        | _ Certificates     | s of Status        |  |  |  |
| Special Instructions to Filing Officer: |                    |                    |  |  |  |
|                                         |                    |                    |  |  |  |
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I. HARRIS

#### COVER LETTER

| TO:                                                                                                |                         | ation Section<br>n of Corporation                                                                                                 | as                                                            |                                         |              |                                                             |                              |  |
|----------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------|--------------|-------------------------------------------------------------|------------------------------|--|
| SUBJE                                                                                              |                         | D at Hollywood,                                                                                                                   |                                                               |                                         |              |                                                             |                              |  |
| Name of Limited Liability Company                                                                  |                         |                                                                                                                                   |                                                               |                                         |              |                                                             |                              |  |
| The end<br>Existen                                                                                 | closed "A<br>ce, and cl | pplication by For<br>neck are submitte                                                                                            | eign Limited Liability Comp<br>d to register the above refere | any for Authoriza<br>nced foreign limit | tion to Trai | nsact Business in Florida," C<br>company to transact busine | Certificate of ss in Florida |  |
| Please :                                                                                           | return all              | correspondence c                                                                                                                  | oncerning this matter to the                                  | following:                              |              |                                                             |                              |  |
|                                                                                                    |                         | Michael Johnst                                                                                                                    | on                                                            |                                         |              |                                                             |                              |  |
|                                                                                                    |                         |                                                                                                                                   | Ne                                                            | me of Person                            |              |                                                             |                              |  |
|                                                                                                    | Victory Development     |                                                                                                                                   |                                                               |                                         |              |                                                             |                              |  |
| Firm/Company                                                                                       |                         |                                                                                                                                   |                                                               |                                         |              |                                                             |                              |  |
| 8001 LBJ Freeway, Ste. 400                                                                         |                         |                                                                                                                                   |                                                               |                                         |              |                                                             |                              |  |
| Address                                                                                            |                         |                                                                                                                                   |                                                               |                                         |              |                                                             |                              |  |
|                                                                                                    | Dallas, TX 75251        |                                                                                                                                   |                                                               |                                         |              |                                                             |                              |  |
|                                                                                                    |                         |                                                                                                                                   | City/St                                                       | ate and Zip Code                        |              |                                                             |                              |  |
|                                                                                                    |                         | mjohnston@vg-r                                                                                                                    | e.com; dlevine@klauberlega                                    |                                         |              |                                                             |                              |  |
|                                                                                                    | •                       |                                                                                                                                   | E-mail address: (to be used                                   | for future annual                       | report not   | ification)                                                  |                              |  |
| For further information concerning this matter, please call:                                       |                         |                                                                                                                                   |                                                               |                                         |              |                                                             |                              |  |
|                                                                                                    | Michae                  | l Johnston                                                                                                                        |                                                               | 214<br>at (                             | 755-52       |                                                             |                              |  |
|                                                                                                    |                         | Name o                                                                                                                            | f Contact Person                                              | Area Code                               | Day          | time 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 |                                                               |                                         |              |                                                             |                              |  |
| Enclose                                                                                            |                         | eck for the follow<br>.00 Filing Fee                                                                                              | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status     | □ \$155.00 Filin<br>Certified Copy      |              | ■ \$160.00 Filing Fee, Ce of Status & Certified Cop         | rtificate<br>y               |  |

## VICTORY | DEVELOPMENT

VICTORY | DEVELOPMENT 8001 LBJ Freeway Suite 400 Dallas, Texas 75251

January 10, 2017

Jenna Department of State **Division of Corporations** Clifton Building 2661 Executive Center Cir Tallahassee, FL 3231



RE: Document # W17000001541

Dear Jenna,

Thank you so much for your help in this matter. Per your request, I have attached a copy of the Certificate of Fact from the State of Texas. If you have any questions, please contact me on my cell phone at 214-755-5213. I hope you have a great day!

Sincerely,

Michael Johnston Director of Finance and Administration



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2017

MICHAEL JOHNSTON 8001 LBJ FREEWAY, STE 400 DALLAS, TX 75251

SUBJECT: VRD AT HOLLYWOOD, LLC

Ref. Number: W17000001541

We have received your document for VRD AT HOLLYWOOD, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 117A00000459

www.sunbiz.org

## 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:

| VRD at Hollywood, Li                                      | LC                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| (Name of For                                              | LC<br>eign Limited Liability Company; must include "                                                                                                                                               | Limited Liability Company," "L.L.C.," or "L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I.C.")                       |
| (If name unavailable, enter a Liability Company," "L.L.C, | Iternate name adopted for the purpose of transac                                                                                                                                                   | sting business in Florida. The alternate name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | must include "Limited        |
| State of Texas                                            | 2 81                                                                                                                                                                                               | -4840183                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |
| (Jurisdiction under the law company is organized)         | of which foreign limited liability                                                                                                                                                                 | (FEI number, if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |
| 4                                                         |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |
|                                                           | (Date first transacted business in Floric (See sections 605.0904 & 605.0905, F.S.                                                                                                                  | ta, if prior to registration.) to determine penalty liability)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |
|                                                           | o 400 Delles TV 75251                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |
| out LbJ Fleeway, St                                       | e. 400, Dallas, TX 75251  (Street Address of Principal O                                                                                                                                           | ffice)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |
| 6. 8001 LBJ Freeway, Ste                                  | •                                                                                                                                                                                                  | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |
| V1                                                        |                                                                                                                                                                                                    | The second secon |                              |
|                                                           | (Mailing Address)                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7.                           |
| 7 31                                                      |                                                                                                                                                                                                    | YOM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |
| 7. Name and street addres                                 | ss of Florida registered agent: (P.O. Box N                                                                                                                                                        | (OI acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |
| Name:                                                     | Adam Klauber                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |
| Office Address:                                           | 8751 W. Broward Blvd. Suite 410                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>ن</b> آب                  |
|                                                           | Plantation                                                                                                                                                                                         | , Florida 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | က္ခ                          |
| Registered agent's accep                                  | (City)                                                                                                                                                                                             | (Zip code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ٠,٠                          |
| designated in this applica to complywith the provision    | gistered agent and to accept service of pro<br>tion, I hereby accept the appointment as r<br>ons of all statutes relative to the proper an<br>my position as registered agent.  (Registered agent) | egistered agent and agree to act in this<br>d complete performance of my duties, o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | capacity. I further agree    |
| 8. The name, title or capa                                | icity and address of the person's) who has/h                                                                                                                                                       | nave authority to manage is/are:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |
| Tony Ramji, Manager, 80                                   | 01 LBJ Freeway, Ste. 400, Dallas, TX 752:                                                                                                                                                          | 51                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |
| Bobby Dan Roberts, Man                                    | ager, 8001 LBJ Freeway, Ste. 400, Dallas,                                                                                                                                                          | TX 75251                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |
|                                                           | entertain de la constitución de la                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |
|                                                           | of existence, no more than 90 days old, dul of which it is organized. (If the certificate is abmitted)  Bully Default Signature of an author                                                       | s in a foreign language, a translation of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |
| This document is executed submitted in a document to      | in accordance with section 605.0203 (1) (be the Department of State constitutes a third                                                                                                            | e), Florida Statutes. I am aware that any f<br>degree felony as provided for in s.817.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | alse information<br>55, F.S. |
|                                                           | Bobby Dan Roberts                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |

Typed or printed name of signee



Rolando B. Pablos Secretary of State

### Office of the Secretary of State

#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for VRD at Hollywood, LLC (file number 802613644), a Domestic Limited Liability Company (LLC), was filed in this office on December 29, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 10, 2017.



Phone: (512) 463-5555

Prepared by: SOS-WEB

RR

Rolando B. Pablos Secretary of State