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| Special Instructions to Filing Officer: | | | | | | | | |
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COVER LETTER

| TO: | | stration Section sion of Corporation | ns | | | , | | |
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| SUBJE | | VCP MEMPHIS, L | LC | | | | | |
| | | | _ | | | | | |
| | | | eign Limited Liability Comp d to register the above refer | | | | | |
| Please r | eturn a | il correspondence o | concerning this matter to the | following: | | | | |
| | | JOHN CHI | | | | | ! | |
| Name of Person | | | | | | | | |
| | | VCP МЕМРИ | S, LLC | | | | | |
| Firm/Company | | | | | | | | |
| | | 17047 NW 23 S | STREET | | | | | |
| Address | | | | | | | | |
| PEMBROKE PINES, FL 33028 | | | | | | | | |
| | | | City/S | tate and Zip Code | | • | _; | |
| | | JCHI@PACERC | O.COM | | | | | |
| | | | E-mail address: (to be used | d for future annual | report not | ification) | _ | |
| For furti | her inf | ormation concernin | g this matter, please call: | | | | | |
| | JOH | N CHI | | 305 at (| 828-76 | 60 | | |
| | | 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 | | check for the follow 25.00 Filing Fee | ring amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filir Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, of Status & Certified C | | |

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

IN COMPILANCE WITH SECTION 605.0902. FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1 VCP MEMPHIS, LLC | | | | | |
|-------------------------------------|---|---|----------------------------|-------------------------------|---------------|
| l. | Limited Liability Company; must include "Li | mited Liability Compa | any," "L.L.C.," or "LLC.") | | |
| | | | | | |
| | name adopted for the purpose of transacting business | | | bility Company," "L.I. C," or | hurch) I |
| 2. GEORGIA | hich foreign limited liability company is organized) | _ 3. <u>45-53</u> | 349106 | 1 , | <u>!</u> |
| (Junistriction lunder the law of w | nich toreign inmited nability company is organized) | | (11:1 mune | er, if applicable) | |
| 4 | | | | · | |
| | (Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to do | or to registration) etermine penalty liability) | | | |
| 5. 17047 NW 23 STREE | | 6. 17047 | 7 NW 23 STREET | | |
| (Street Address of) PEMBROKE PINES, | | DEM | (Mailing Add | | <u> </u> |
| PEMBRONE PINES, | F1. 33028 | PEMI | BROKE PINES, FL 3 | 3028 | <u> </u> |
| | | | | ा दिन्ह | + |
| | | | | 7 | 1 |
| 7. Name and street address | ss of Florida registered agent: (P.O.) | Box <u>NOT</u> accepta | ible) | <u> </u> | 1-11 |
| Name: | JOHN CHI | | _ | | |
| 00° A.I.I | 17047 NW 23 STREET | | | | <u>[1]</u> |
| Office Address: | 77077.77723377 | | | | |
| | PEMBROKE PINES | | , Florida <u>33028</u> | > |] |
| Registered agent's accep | (City) | | (Zip cod | e) 🚎 🚣 | |
| | ions of all statutes relative to the pro s of my position as registered agent. | | perjormance of my t | uuttes, ana 1 am jar | |
| | (Registered ag | ent's signature) | | ' | |
| 8 The name title or can: | I acity and address of the person(s) wh | o has/have authori | ty to manage is/are: | | Ì |
| Title or Capacity: | Name and Address: | | Capacity: | Name and Addr | es <u>\$:</u> |
| MANAGER | JOHN CHI | | - | | Ī |
| | 17047 NW 23 STREET | <u> </u> | | | 1 |
| | PEMBROKE PINE,FL 33 | 028 | | | <u> </u> |
| | | | | | |
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| | | | | 1 | |
| (Use attachments if neces | ssary) | | | 1 | |
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| | of existence, no more than 90 days of which it is organized. (If the certifubmitted) | | | | |
| | cuted in accordance with section 605.0 the Department of State constitutes | | | | rmation |
| | Sign | taking of an authorized per | | | |
| | - 2 | V | | | |
| | JOHN CHI | | | | l l |
| | Tvi | ned or printed name of sign | nce . | | 1 |

Control Number: 12042842

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

VCP MEMPHIS, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 14950283
Date Inc/Auth/Filed: 05/18/2012
Jurisdiction : Georgia

Print Date : 11/02/2017

Form Number : 211



Brian P. Kemp Secretary of State