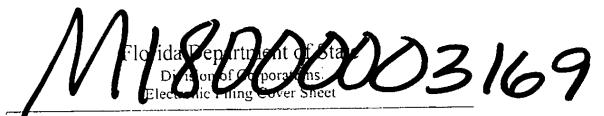
Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC

Account Number : 120080000045 Phone

Fax Number

: (302)645-7460 : (302) 645-1290

\*\*Enter the email address for this business entity to be used for  $\mathfrak{fu} \overleftrightarrow{\mathfrak{M}}_{\mathsf{re}}$ annual report mailings. Enter only one email address please.\*\*

Email Address: \_michelle@vcbbrands.com

## Foreign Limited Liability Company VCB Licensing 2, LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE, WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L. VCB Incensing 2, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL, C, " or "LLC,") (If name may adult), onter alternate came adopted for the purpose of transacting business in Horida. The alternate name must metade "Lumined Liability Company," "L.I. C." or "L.I.C.") (harsdetten under the law of which foreign limited hability company is organized) (Date first manspered business in Horala, if piner to registration.)
(One sections 605 080) & 605,0905, F.S. to determine penalty liability). 195 S Westmoute Drive, State 1108 195 S Westmonte Drive, Suite 1108 (Mailing Address) (Street Address of Principal Office) Altamonte Springs, FL 32714 Altamonte Springs, FL 32714 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Matthew Craig Name: 195 S Westmonte Drive, Suite 1108 Office Address: \_\_ , Pierida <u>32714</u> Altamonte Springs, Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 agreeting) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: VCB Partners, ELC MBR 195 S Westmonte Dr Ste 1108 Altamonte Springs, FL 32714 Matthew Craig MBR 195 S Westmonte Dr Ste 1108 Altamonte Springs, 11, 32714 (Use attachments if necessary) 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) 10. This document is executed in accordance with section 605.0203 (1) (b), Plorida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree [clony as provided for in 8.817.155, F.S. Signature of an authorized person

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Typed in printed tange of sience

Nathew Craig

(((H180001052253)))

## <u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VCB LICENSING 2, 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 THIRD DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VCB LICENSING 2, LLC" WAS FORMED ON THE TWENTY-EIGHTH DANGOF MARCH, A.D. 2018.

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

6819624 8300 SR# 20182392036

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

Jeffery W Bullach, Secretary of State

Authentication: 202441331

Date: 04-03-18

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