Florida Department of State

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Division of Corporations

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Account Number : 120080000067 Phone : (945)425-0077 Fax Number : (845)818-3588

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Foreign Limited Liability Company VCG Orlando I LLC

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11/20/2018

2018-11-20 18:44:00 (GMT)

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

IN COMPLANCE WILLISECTION 6050002 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGOL LIMITED HABILITY COMPANY TO TRAINACT BUNDESS IN THE STATE OF HICRIDA VCG Orlando I LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.L.C.") iff name usury adalder, after alternate name adopted for the purpose of transacting business in Florida. The alternate name must instude? Limited Limited Limited Company, "C. E.C." or "LEC." or "LEC." or (Approbantian and or the law of which focused funded followly company is organized) Date first framewited beams with formula if prior to registrative.)
(See a calculated 60: 6004 & 603 (000), U.S. to determine penalty hability). 685 West End Avenue, 2A 685 West End Avenue, 2A 5. (Street Address of Principal Office) New York, New York 10025 New York, New York 10025 7 Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Veorp Services, LLC Name: 5011 South State Road, Suite 106 Office Address: ____, Florida _____ Davie, Broward County 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 open) a agnisture)

8.

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he name, title or capacity and addre <u>Title or Capacity:</u>	ess of the person(s) who has have authority to manage (scare: Name and Address:
Authorized Person	Stephen Lobell
	685 West End Avenue, 2A
	New York, New York 10025

(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).
- (i) This document is executed in accordance with section 605,0203 (1) (b), Florida Statures. 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.

Steph Lol
Signature of an authorized person
Stephen Lobell, Authorized Person
Typed or printed name of squee

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VCG ORLANDO I 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 NINETEENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VCG ORLANDO I LLC" WAS FORMED ON THE SECOND DAY OF AUGUST, A.D. 2018.

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

7001862 8300 SR# 20187723045

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

Authentication: 203933276

Date: 11-19-18