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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 941960 4373439

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : October 2, 2019

ORDER TIME : 3:25 PM

ORDER NO. : 941960-015

CUSTOMER NO: 4373439

TALLAHASSEE, FLORIDA
2019 OCT -2 PM 4:49

FOREIGN FILINGS

NAME: VSF INTERMEDIATE GP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VSF Intermediate GP, LLC

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:

Mark M. Kamp, General Counsel

Name of Person

Voloridge Investment Management, LLC

Firm/Company

110 Front Street, Suite 400

Address

Jupiter, FL 33477

City/State and Zip Code

legal@voloridge.com

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

For further information concerning this matter, please call:

Mark M. Kamp

Name of Contact Person

at (561)

Area Code

231-5770

Daytime 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. VSF Intermediate GP, LLC

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

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. applied for

(FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

110 Front Street

5. (Street Address of Principal Office)

Suite 400

Jupiter, FL 33477

110 Front Street

6. (Mailing Address)

Suite 400

Jupiter, FL 33477

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Mark M. Kamp

Office Address:

110 Front Street, Suite 400

Jupiter

(City)

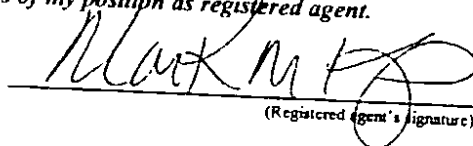
Florida

33477

(Zip code)

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 signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:

Name and Address:

☒ Manager Name: Voloridge Investment Manager
☒ Member Address: 110 Front Street
☐ Authorized Suite 400
Person Jupiter, FL 33477
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

Title or Capacity:

Name and Address:

☐ Manager Name: Mark M. Kamp
☐ Member Address: 110 Front Street
☒ Authorized Suite 400
Person Jupiter, FL 33477
☐ Other ☐ Other

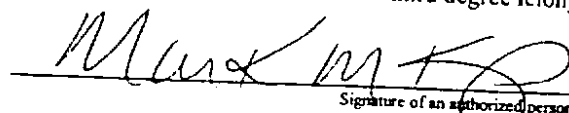
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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), Florida Statutes. 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.


Signature of an authorized person

Mark M. Kamp, General Counsel

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VSF INTERMEDIATE GP, 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2019.

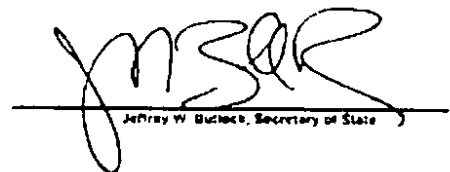
2019 OCT -2 PM 4:50
TALLAHASSEE, FLORIDA



7621827 8300

SR# 20197174530

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203673082

Date: 09-26-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:12 PM 09/23/2019
FILED 04:12 PM 09/23/2019
SR 20197174530 - File Number 7621827

CERTIFICATE OF FORMATION
OF
VSF INTERMEDIATE GP, LLC

This Certificate of Formation of VSF INTERMEDIATE GP, LLC is being duly executed and filed by the undersigned, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del. C. § 18-101, et seq.).

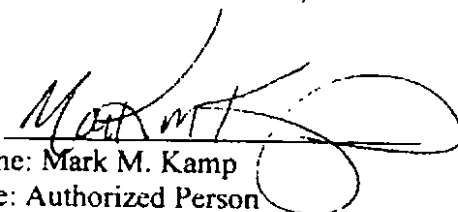
FIRST. The name of the limited liability company formed hereby is VSF INTERMEDIATE GP, LLC.

SECOND. The address of the registered office of the limited liability company in the State of Delaware is c/o Registered Agents Legal Services, LLC, 1013 Centre Road, Suite 403S, Wilmington, Delaware 19805.

THIRD. The name and address of the registered agent for service of process on the limited liability company in the State of Delaware is Registered Agents Legal Services, LLC, 1013 Centre Road, Suite 403S, Wilmington, Delaware 19805.

IN WITNESS WHEREOF, the undersigned has caused this Certificate of Formation to be duly executed as of the 23rd day of September, 2019.

VSF INTERMEDIATE GP, LLC

By: 
Name: Mark M. Kamp
Title: Authorized Person

RECORDED
DELAWARE SECRETARY OF STATE
2019 OCT 2 PM 4:50
FLORIDA