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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Foreign Limited Liability Company VS SARASOTA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Help



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

VS Sarasom, LLC			
(Name of Foreign	Limited Liability Company: must include "Lin	mited Liability Company," "L.L.C.," or "L	LC.")
me unevailable, ester alternate ru	ame adopted for the purpose of transacting business in	Florida. The alternate name must include "Limit	nd Liability Company," "L.L.C," or "LLC."
)elaware			∃ ~
(Jurisdiction under the law of wh	ista foreign limited liability company is organized)	3,	ramber, if applicable)
			I DEC CALA LAHA
			ASS.
	(Date first transacted business in Florida, if pro- (See sections 605 0904 & 605,0905, F.S. to de	or to registration.) terroise penalty hability)	SE
1209 Orange Street		1209 Orange Street	<u> </u>
(Street Address of P	hineipal Office)	ĸ -	Address) Som
			골석 ഗ
Corporation Trust Cent	let	Corporation Trust Cen	ter D' C
13771 - 1	1000	Wilmington Dulawas	. 10901
Wilmington, Delaware	19801	Wilmington, Delaware	17501
Same and street address	is of Florida registered agent: (P.O. I	Box NOT acceptable)	
Numer	CT Corporation System		
Name:			
Name: Office Address:	CT Corporation System 1200 South Pine Island Road		
	1200 South Pine Island Road	33324	
		, Florida	ip code)

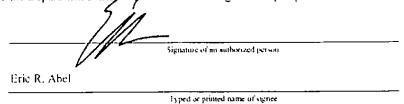
4

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:	Title or Capacity:	Name and Address:
Manager	Name: VS Fund Management VI, LLC	Manager	Name:
Member	Address: 260 E. Brown St., Ste 250	☐ Member	Address:
Authorized	Birmingham, MI 48009	Authorized	20191 TALL
Person		Person	# 유 기
Other	Other	Other	ASS Color
Manager	Name:	Manager	Name: 50
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
□Manager	Name:	☐ Manager	Name;
Member	Address:	Member	Address:
□Authorized		Authorized	
Person		Person	
Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.





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

DELAWARE, DO HEREBY CERTIFY "VS SARASOTA, 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 FOURTH DAY OF DECEMBER, A.D. 2019.

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

Jeffrey W. Bulliot a, Secondary of State

7654541 8300 SR# 20198433114 Authentication: 204135759

Date: 12-04-19