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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

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

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## Foreign Limited Liability Company Core Imperial Plaza LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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## 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:

	SINESS IN THE STATE OF FLORIDA:			
Core Imperial Plaza LL	C Limited Liability Company, must include "Limited	Liability Company," "L.L.C.," or "LLC."	<del>')</del>	
(		-		
If name unavailable, enter alternate m	ame adopted for the purpose of transacting business in Florid	da. The alternate name must include "Limited Li	ability Company," "L.L.C," or "LLC.")	
2. Delaware		3.	nber, if applicable)	
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	(1.64 unu	nper, it applicable)	
4. upon filing				
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine			
5. 2786 E Millennium Dr, Ste 2		6. 2786 E Millennium Dr, Ste 2 (Mailing Address)		
(Street Address of Principal Office) Fayetteville, AR 72703		·	Fayetteville, AR 72703	
Payettevine, Att 7270.	<u></u>			
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Vcorp Services, LLC			
Office Address:	5011 South State Road 7, Suite 106		∑	
	Davie	, Florida 33314 (Zipe:		
designated in this applicate to comply with the provis	registered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's s	registered agent and agree to ac and complete performance of m	st in this capacity. I finemer agree	
		-A authority to mannagic/are		
8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who has  Name and Address:	Title or Capacity:	Name and Address:	
Member	Drew Angel	<u> </u>		
	2786 E Millennium Dr. Ste 2 Fayetteville, AR 72703	-		
		_		
(Use attachments if neces	ssary)			
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days old, or which it is organized. (If the certificate submitted)	duly authenticated by the official e is in a foreign language, a transl	having custody of records in the ation of the certificate under oath	
10. This document is excessional ted in a document to	cuted in accordance with section 605.0203 to the Department of State constitutes a thi	(1) (b), Florida Statutes. I am aw ird degree felony as provided for i	vare that any false information in s.817.155, F.S.	
	Drew Angel			
	Signature	of an authorized person		

Typed or printed name of signee

Drew Angel

01/08/2026 16:29 (FAX)845 818 3588 P.003/003

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CORE IMPERIAL PLAZA 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 EIGHTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORE IMPERIAL PLAZA LLC" WAS FORMED ON THE SIXTH DAY OF JANUARY, A.D. 2020.

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

Authentication: 202145494

Date: 01-08-20