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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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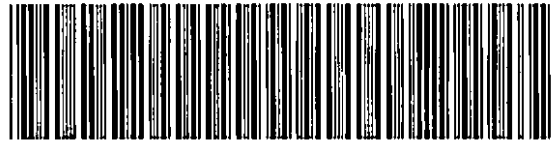
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FVP RE OPPORTUNITY FUND 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:

CARLOS M. FARAH

Name of Person

APPELROUTH, FARAH & COMPANY, P.A.

Firm/Company

355 ALHAMBRA CIRCLE, STE. 900

Address

CORAL GABLES, FL 33134

City/State and Zip Code

carlos@appelrouth.com

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

For further information concerning this matter, please call:

CARLOS M. FARAH, CPA

305

444-0999

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. FVP RE OPPORTUNITY FUND 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.")

2. DELAWARE

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

3. 85-3864044

(FEL 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.)

15500 NEW BARN RD.

5. (Street Address of Principal Office)

6.

15500 NEW BARN RD.

(Mailing Address)

STE. 104

STE. 104

MIAMI LAKES, FL 33014

MIAMI LAKES, FL 33014

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

Name: THE ELIAS LAW FIRM, PLLC

Office Address: 15500 NEW BARN RD., STE. 104

MIAMI LAKES

(City)

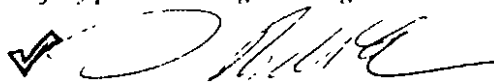
Florida

33014

(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)

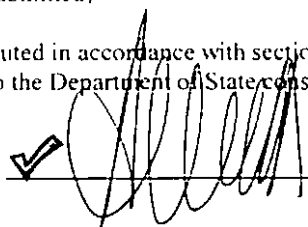
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name:	GUSTAVO ALFONSO	<input type="checkbox"/> Manager	Name:	
<input checked="" type="checkbox"/> Member	Address:	15500 NEW BARN RD.	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized		STE. 104	<input type="checkbox"/> Authorized		
Person		MIAMI LAKES, FL 33014	Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name:	EDWARD FARAH	<input type="checkbox"/> Manager	Name:	
<input checked="" type="checkbox"/> Member	Address:	15500 NEW BARN RD.	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized		STE. 104	<input type="checkbox"/> Authorized		
Person		MIAMI LAKES, FL 33014	Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name:	ALICIO PINA	<input type="checkbox"/> Manager	Name:	
<input checked="" type="checkbox"/> Member	Address:	15500 NEW BARN RD.	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized		STE. 104	<input type="checkbox"/> Authorized		
Person		MIAMI LAKES, FL 33014	Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> 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

ALICIO PINA

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 "FVP RE OPPORTUNITY FUND 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 TWENTIETH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FVP RE OPPORTUNITY FUND GP, LLC" WAS FORMED ON THE SEVENTH DAY OF OCTOBER, A.D. 2020.

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



3835290 8300

SR# 20208458679

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204131455

Date: 11-20-20