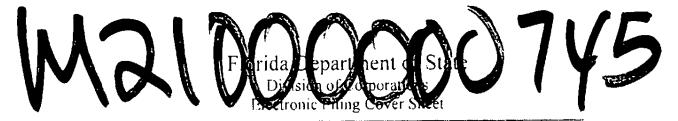
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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

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

Email Address:

Foreign Limited Liability Company VSI Doral Manager, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. VSI DORAL MANAG	ER, LLC Limited Hability Company; must include "Limited	Liabili	y Company," "L.L.C." or "[J.C.")			
(control of votergio			,, ,.			
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flat	rida The	alternate name must include "Limited Liebility Compan	y," "L.L.C," oc"LLC.")		
DELAWARE 2. (Iurisdiction under the law of which foreign limited liability company is organized)			3. (FEI number, if applicable)			
4.	(Date first transacted business in Florida, if prior to re (See sections 605.6904 & 605.0905, F.S. to determine	gistratio c penalt;	n.) Hability)			
3201 W COMMERCIAL BLVD 5. (Street Address of Principal Office)		6.	6. (Mailing Address)			
SUITE 218			SUITE 218			
FORT LAUDERDALE, FL 33309			FORT LAUDERDALE, FL 33309	7 <u></u>		
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)						
Name:	LAW OFFICES OF SCOTT A FRANK	, PA		93 27		
Office Address:	3201 W COMMERCIAL BLVD, STE 2	18				
	FORT LAUDERDALE		33309 , Florida			
	(City)		(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)

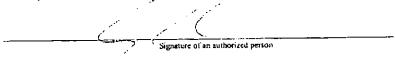
To: 18506176383 - •

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 Capacit	<u>Y:</u>	Name and Address:
≅ Manager	Name: Tarco Doral, LLC	□Manager	Name:	
⊡Member	Address: 3201 W Commercial Blvd	□Member	Address:	
□Authorized	Suite 218	□Authorized		
Person	Fort Lauderdale, FL 33309	Person		
□Other	UOther	□Other		□Other
□Manager	Name:	⊡Manager	Name:	
□Member	Address:	⊡Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other ©
				Ž.,
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	_
□Authorized		□Authorized		<u> </u>
Person		Person		<u></u>
□Other		[]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 filling 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 (!) (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.



Scott A. Frank, Duly Authorized

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 "VSI DORAL MANAGER, 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. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VSI DORAL MANAGER, LLC" WAS FORMED ON THE SEVENTH DAY OF JANUARY, A.D. 2021.

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

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Authentication: 202246779

Date: 01-08-21