

4/28/2021

Division of Corporations

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M21000005085Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

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

Email Address: chapman@chapcap.com**Foreign Limited Liability Company
Varpa Real Estate L.L.C.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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4/29/21*

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Varpa Real Estate L.L.C.

(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. Alaska

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

3. _____

(F.L.L. number, if applicable)

4. N/A(Date first transacted business in Florida, if prior to registration)
(See sections 605.0031 & 605.0032, F.S. to determine priority liability)5. 207 Xanadu Place

(Street Address of Principal Office)

6. P.O. Box 31404

(Mailing Address)

Jupiter, FL 33477Palm Beach Gardens, FL 334207. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Jennifer C. Chapman

Office Address:

207 Xanadu PlaceJupiter

(City)

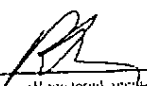
Florida

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)

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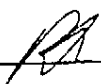
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Jennifer C. Chapman</u>	<input type="checkbox"/> Manager	Name: <u>Robert L. Chapman, Jr.</u>
<input type="checkbox"/> Member	Address: <u>P.O. Box 31404</u>	<input checked="" type="checkbox"/> Member	Address: <u>P.O. Box 31404</u>
<input type="checkbox"/> Authorized	<u>Palm Beach Gardens, FL 33420</u>	<input type="checkbox"/> Authorized	<u>Palm Beach Gardens, FL 33420</u>
Person _____		Person _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized _____		<input type="checkbox"/> Authorized	_____
Person _____		Person _____	
Other _____	<input type="checkbox"/> Other _____	Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person _____		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

Jennifer C. Chapman

Typed or printed name of signer

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Alaska Entity #10037498

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for.

Varpa Real Estate L.L.C.

This entity was formed on April 7, 2016 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective April 28, 2021.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner