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Division of Corporations

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Email	Address:	

Foreign Limited Liability Company Opic VCC LLC

Certificate of Status	0
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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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: OPIC VCC LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company;" [LLC.," or "LLC.") (If name massifelite, cineralternate name adopted for the purpose of pansacting business in Florida. The alternate name mast include "Limited Liability Company," "L.L.C." or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is mganized) July 10, 2021 (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty hability) 1888 NW 21st Street (Street Address of Principal Office) Pompano Beach, FL 33069 Pompano Beach, FL 33069 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Keith Poliakoff Name: 200 S. Andrews Ave., Suite 601 Office Address: Fort Lauderdale

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.

 (Cit_Y)

	Keith Poliakoff	
By:		
	(Registered agent's signature)	

right - Egypt register to choose Many or Phalica.

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: Jeremy Jackson	□Manager	Name:	
□Member	Address: 1888 NW 21st St	□Member	Address:	
□Authorized	Pompano Beach, FL 33069	□Authorized		
Person		Person		
□Other	Other	□Other		[]Other
□Manager	Name:	□Manager	Name:	***************************************
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other <u>S</u>
				一年 間
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		بن این ا
Person		Person		
□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.



Typed or printed name of signee



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

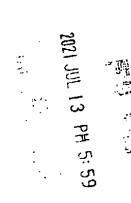
DELAWARE, DO HEREBY CERTIFY "OPIC VCC LLC" IS DULY FORMED UNDER THE

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 TWELFTH DAY OF JULY, A.D. 2021.

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





Authentication: 203654150

Date: 07-12-21

6074656 8300 SR# 20212684677