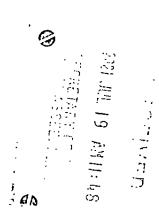
M2100009202

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
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10 750

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	I20000000195
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REFERENCE: 909685 5054689

AUTHORIZATION :

COST LIMIT : (\$\)125.00

ORDER DATE : July 16, 2021

ORDER TIME : 10:23 AM

ORDER NO. : 909685-005

CUSTOMER NO: 5054689

FOREIGN FILINGS

NAME: VERO BEACH ACQUISTION LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

TO: Registration Section

Div	ision of Corporation	15			
SUBJECT:	Vero Beach Acquisi	ition LLC			
		Name of Li	nited Liability	Сотрапу	
The enclosed Existence, an	d "Application by For ad check are submitte	eign Limited Liability Compar d to register the above reference	ıy for Authoriz eed foreign lim	ation to Transact Business in Florida ited liability company to transact bus	," Certificate of iness in Florida.
Please return	all correspondence o	oncerning this matter to the fo	llowing:		
	Anny Carvalho				
	Name of Person				
	Icahn Enterprises L.P.				
	Firm/Company				
	16690 Collins A	Avenue - PH-I			
Address					
	Sunny Isles Beach, FL 33160				
		City/State	and Zip Code		_
	acarvalho@ielp.c				
		E-mail address: (to be used for	or future annua	report notification)	_
For further in	formation concerning	this matter, please call:			
Anr	ny Carvalho		305 at (422-4145	
	Name of	Contact Person	Area Code	Daytime Telephone Number	_
<u>MA</u> Divi	ILING ADDRESS: sion of Corporations			STREET ADDRESS: Division of Corporations	
Regi	istration Section			Registration Section	
	Box 6327 ahassee, FL 32314			Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	osed is a check for th se make check payabl	e following amount: le to: FLORIDA DEPARTM	ENT OF STA	те	
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		Filing Fee & S160.00 Filing ed Copy of Status & Cer	

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:

			ime must include "Limited Liability (
elaware		3		
Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number, if	applicable)
07/16/2021				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	o registration) sine penalty liability)		_
16690 Collins Avenu		1669 6.	D Collins Avenue - PH-	
(Street Address of Principal Office)		U	(Mailing Address)	
Sunny Isles Beach, FL 33160		Sunn	y Isles Beach, FL 3316	O
				
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	NOT accepta	ble)	
Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box	k NOT accepta	ble)	2021 202 152
,,			ble)	Ha 61 TH 1237
Name:	Corporation Service Company 1201 Hays Street		ble) 32301	

Assistant Vice President

and accept the obligations of my position as registered agent.

Corporation Service Company By:

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Hunter Gary Manager [] ■ Manager 16690 Collins Avenue - PH-1 ■ Member ☐ Member Address: Sunny Isles Beach, FL 33160 ■ Authorized Authorized Person Person President Other Other Other_ Other____ **David Willetts** Name: ____ Manager ■ Manager 16690 Collins Avenue - PH-1 Member Address: ■ Member Address: _____ Sunny Isles Beach, FL 33160 ■Authorized Authorized

Person

Other_

Manager

Member

Authorized

Person

Other

Other____

Other____

Name: _____

Address:

Person

Other

Manager

■ Member

Authorized

Person

CAO, Secretary

Important Notice: Use an attachment to report mor	re than six (6). The attachment will be i	maged for reporting purposes only. Non-
indexed individuals may be added to the index wh	en filing your Florida Department of St	ate Annual Report form.

Other____

16690 Collins Avenue - PH-1

Other____

Ted Papapostolou

Sunny Isles Beach, FL 33160

Address:

- 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 a sectionized person	
Hunter Gary		
	Typed or prosted name of signee	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VERO BEACH ACQUISITION 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 SIXTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERO BEACH ACQUISITION LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2004.

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

Authentication: 203696812

Date: 07-16-21

3813830 8300 SR# 20212729374