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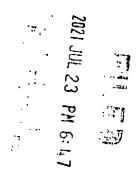
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COVER LETTER

TO: Registration Section

SUBJECT:	,	VOV Development, LLC			
	Name	of Limited Liability Con	npany		
The enclosed "Application by Foreigr Existence, and check are submitted to	Limited Liability register the above	Company for Authorization referenced foreign limited	on to Transact Business in Flo d liability company to transact	orida," Certifica business in Flo	te of orida.
Please return all correspondence conc	erning this matter t	o the following:			
		Lily Guevara			
		Name of Person			
	Pîllar I	ncome Asset Managemen	t, Inc.		
		Firm/Company	-		
1603 LBJ Freeway, Suite 800					
Address					
Dallas, TX 75234					۰ : دور . د
City/State and Zip Code					
	legal.d	epartment@pillarincome.	com	PX 6	:
E-1	nail address: (to be	used for future annual re	port notification)	6: 47	
for further information concerning thi	s matter, please cal	II:			
Lily Gue	vara	469 at (522-4307		
Name of Co	ntact Person	Area Code	Daytime Telephone Numb	ber	
Mailing Address: Registration Section Division of Corporations	;	Street Address: Registration Sect Division of Corp			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Ta 2415 N. Monroe Tallahassee, FL			
Tallahassee, FL 32314 Enclosed is a check for the for Please make check payable to		2415 N. Monroe Tallahassee, FL ARTMENT OF STATE 2& \$155.00 Filing	Street, Suite 810 32303 , Fee & □ \$160.00 Filing I	Fee, Certificate Certified Copy	

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

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. VOV Development, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.I. C." or "LLC") (If name maximable, 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" or "LLC" or Delaware (Introduction under the law of which foreign limited liability company is organized) (Date first transacted business in Plotida, if prior to registration 1.) (See sections 605,0904 & 605,0905, U.S. to determine penalty hability) 1603 LBJ Freeway 1603 LBJ Freeway (Street Address of Principal Office) Suite 860 **Suite 860** Dallas, TX 75234 Dallas, TX 75234 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: Plantation . Florida (Cits) 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

NRAI Services, Inc.

by Sandra Zwijack, Assistant Secretary

and accept the obligations of my position as registered agent.

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: Roundstone Development, LLC	□Manager	Name: KSM Holdings Florida, LLC Address: 8445 E. Jefferson Avenue Detroit, MI 48214			·C		
■Member	Address:BJ Freeway, Suite 860	■Member						
□Authorized	Dallas, TX 75234	□Authorized						
Person	ATTN: Legal Department		ATTN: Kathy Makino-Leipsitz		ATTN: Kathy Makino-Leipsitz			
□Other	Other			□Other_				
□Manager	Name: Roundstone Development, LLC	□Manager	Name:					
∐Member	Address: 1603 LBJ Freeway, Suite 860	□Member						
□Authorized	Dallas, TX 75234	□Authorized			_			
Person	ATTN: Legal Department	Person	102					
⊜ Other <u>Managing</u> №	dember	□Other		: □Other				
				\(\frac{\frac}\fint}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\firac{\frac{\frac{\frac{\frac{\frac}\frac{	23 PH	7.		
□Manager	Name:	□Manager	Name:	: •	H 6: 4	271		
□Member	Address:	□Member	Address:	3	<u>-</u>			
□Authorized		□Authorized						
Person		Person						
Other	Other	□Other		□Other				

<u>Important Notice:</u> 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. Lam aware that any false information submitted in a document to the Department of State constitutes a third degree felopy as provided for in s.817.155, F.S.

Signature of an authorized person

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

DELAWARE, DO HEREBY CERTIFY "VOV DEVELOPMENT, LLC" IS DULY FORMED

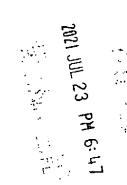
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SECOND DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VOV DEVELOPMENT, LLC" WAS FORMED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2020.

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





Authentication: 203349421

Date: 06-02-21