M2100009813

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700369899307

COCH SULFA (F)

RECHIVED

2021 JUL 30 Ait 8: 56

40 2ST



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

0, 2021		
IOWELL		
1438588		
	VM GP II LLC	
		ness
t		ISSUES? CALL
EII	E1st-	KEN:
L		518-213-0738
drawal	4 1794 2 2294 or 3 4 4	
مستعضد ومدر المداري		The state of the s
CERTIFIED C	OPY & GOOD STANDIN	IG UPON FILING **
_		And Said Sand Committee of the Sand
South Company Name of the Company of	THE PROPERTY OF THE PARTY OF TH	Frank v and v
: \$160	0-	
		2
	drawal CERTIFIED C	VM GP II LLC oration/Authorization to Transact Busin FILE 1st- drawal CERTIFIED COPY & GOOD STANDIN

COVER LETTER

TO: Registration Section

Division	of Corporations					
SUBJECT:	VM GP II LLC					
	Name of Limited Liability Company					
The enclosed "Ap Existence, and ch	plication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of eck are submitted to register the above referenced foreign limited liability company to transact business in Florida.					
Please return all c	orrespondence concerning this matter to the following:					
	James McKee					
	Name of Person					
	HoldCo Asset Management, LP					
	Firm/Company					
	300 SE 2nd Street, Suite 600					
	Address					
	Fort Lauderdale, Florida 33301					
	City/State and Zip Code					
	james@holdcoam.com					
-	E-mail address: (to be used for future annual report notification)					
For further inform	nation concerning this matter, please call:					
	James McKee 212 785-5562					
	Name of Contact Person Area Code Daytime Telephone Number					
Division Registra P.O. Bo	SG ADDRESS: of Corporations Division of Corporations ion Section Registration Section Clifton Building See, FL 32314 Clother Center Circle Tallahassee, FL 32301					
Please n	is a check for the following amount: ake check payable to: FLORIDA DEPARTMENT OF STATE 5.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy					
	**					

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

1	INESS IN THE STATE OF FLORIDA: VM GP II			
(Name of Foreign	Limited Liability Company, must include "Limited I	lability Company," "L.L.C.," or "LLC.")		_
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florid	a. The alternate name must include "Limited Liab	bility Company," "L.L.C," or	-u.c.')
Delaware		37-174	6032	
2. (Junsdiction under the law of wh	nich foreign limited liability company is organized)	5. (FEI numb	per, il applicable)	_
4			<u>.</u>	
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	istration.) penalty liability)		
5 300 SE 2nd Street		6. 300 SE 2r		
•	•	, -	•	
Suite 600		Suite	600	
Fort Lauderda	le, Florida 33301	Fort Lauderdale,	Florida 3330)1
7. Name and street addres	is of Florida registered agent: (P.O. Box.)	NOT acceptable)		2021
Name:	COGENCY GLOBA	LINC.	. •	JUL 30
Office Address:	115 North Calhoun St.	Suite 4	:	
	Tallahassee_	, Florida <u>3230</u>	<u>)1</u>	ည ည
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree to act nd complete performance of my	in this capacity. I fu	urther agree

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: Michael Zaitzeff Vikaran Ghei Manager Name: Name: Manager 300 SE 2nd Street 300 SE 2nd Street X Member Address: |X | Member Address: Suite 600 Suite 600 Authorized Authorized Fort Lauderdale, Florida 33301 Fort Lauderdale, Florida 33301 Person Person Other ____ Other_ Other _ Other____ Name: Manager Name: _____ Manager Member Address: Member Address: Authorized []Authorized Person Person __Other_____ ___Other_____ Other_ Other__ Name: _____ Manager Manager Member Address: Member Authorized Authorized Person Person Other_ 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. Signature of an authorized person James McKee Typed or printed name of signer

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VM GP II 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 THIRTIETH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VM GP II LLC"

WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2013.

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

Authentication: 203806532

Date: 07-30-21