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| 101 | Division of Co | rporations | | | - E |
| | | : (850)617-6383 | 3 | | . S.S |
| From: | | | | | A LINE TA |
| | | : CORPORATE CRE | EATIONS IN | TERNATION | AL INC |
| | | : 110432003053 | | | ini V |
| | Phone | : (561)694-810° : (561)214-8442 | | | |
| | email address fo l report mailings. | | | | |
| Email | Address: | | | | |
| ,** | J | Limited Liability | • | y | |
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| | VR | Lakeland GP I | LLC | | |
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

| TQ; | Registration Section Division of Corporations | | | |
|----------|---|--|---------------------|---|
| SUBJ | VR Lakeland GP LLC | | | |
| 5 | | Limited Liability Company | | |
| | | npany for Authorization to Transact Business in Florida, terenced foreign limited liability company to transact busing | | |
| Please | return all correspondence concerning this matter to th | e following: | | |
| | Government Documents Team | | | |
| | } | Name of Person | 20; | |
| | Corporate Creations Network Inc. | 705E | <u>1</u> 021 AUG 24 | 77 |
| | | Firm/Company | ે 2ા | PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF |
| | 1380 Prosperity Farms Road #221E | ************************************** | 7 | |
| | | Address | -:- | فسيا |
| | Palm Beach Gardens, FL 33410 | m Light | 52 | |
| | City/ | State and Zip Code | | |
| | govdoes@corpereations.com | | | |
| | E-mail address: (to be us | ed for future annual report notification) | | |
| For fur | ther information concerning this matter, please call: | | | |
| | | | | |
| | Name of Contact Person | at () Area Code Daytime Telephone Number | | |
| | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of St | □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, | | |

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:

| cign limited liability company is organized) are first transacted business in Florida, if prior to re- ex sections 605,0904 & 605 0905, F.S. to determine | 1725 16th Ave, Suite 201 | AUG 24 PM |
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| ate first transacted business in Florida, if prior to re- se sections 605,0904 & 605 0905, F.S. to determine | 1725 16th Ave, Suite 201 | TIL EL |
| are first transacted business in Florida, if prior to re- ee sections 605,0904 & 605 0905, F.S. to determine | 1725 16th Ave, Suite 201 | SS PR |
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| | 6. (Mailing Address) | - ST + 5 |
| ada L4B4C6 | | · 📆 💊 |
| porate Creations Networks Inc. | | |
| 30 Prosperity Farms Road #221E | | |
| | | |
| n Beach Gardens, FL | 33410 , Florida | |
| _ | porate Creations Networks Inc. | lorida registered agent: (P.O. Box <u>NOT</u> acceptable) porate Creations Networks Inc. 80 Prosperity Farms Road #221E |

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 Capacit | t <u>y:</u> | Name and Address: |
|-----------------------|--------------------------------------|------------------|-----------------|-------------------|
| ■Manager | Name: | □Manager | Name: | |
| □Member | Address: 1725 16th Ave, Suite 201 | ⊡Member | Address: | |
| □Authorized | Richmond Hill, Ontario Canada L4B4C6 | □Authorized | - 12 | |
| Person | | Person | | |
| □Other | Other | □Other | | □Other |
| □ Manager | Name | □ M | N | FI AUG |
| Ū | Name: | □Manager | Name: | ジャ - |
| □Member | Address: | □Member | Address: | |
| □ Authoriz e d | | □Authorized | | TST G |
| Person | | Person | | ri N |
| □Other | Other | □Other | _ | □Other |
| | | | | |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □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. 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.

Andrew Stewart, Authorized Person

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VR LAKELAND GP 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 TWENTY-FOURTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VR LAKELAND GP LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2021.

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

TI TO

6115062 8300

SR# 20213059960

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203990955

Date: 08-24-21