

1721000011698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

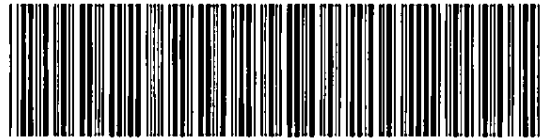
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21-119761 SA

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FILED

2021 AUG 31 PM 4:16

CLERK OF DISTRICT COURT
STATE OF FLORIDA

RECEIVED

2021 AUG 31 PM 3:44

CLERK OF DISTRICT COURT
STATE OF FLORIDA

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2021

CSC

SUBJECT: VSV MANAGEMENT, LLC
Ref. Number: W21000119761

We have received your document for VSV MANAGEMENT, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 321A00021157

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 982120 4306747

AUTHORIZATION :

COST LIMIT : \$155.00

ORDER DATE : August 31, 2021

ORDER TIME : 2:35 PM

ORDER NO. : 982120-010

CUSTOMER NO: 4306747

FOREIGN FILINGS

NAME: VSV MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VSV Management, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gayle Aiken

Name of Person

Honigman LLP

Firm/Company

660 Woodward Avenue, Suite 2290

Address

Detroit, MI 48226

City/State and Zip Code

adimarzo@rizvitaverse.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gayle Aiken

Name of Contact Person

at (313)

Area Code

465-7208

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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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:*

1. VSV Management, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, 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.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-1737522
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 801 Northpoint Parkway, Suite 129
(Street Address of Principal Office)

6. 801 Northpoint Parkway, Suite 129
(Mailing Address)

West Palm Beach, FL 33407

West Palm Beach, FL 33407

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: John Giampetroni

Office Address: 801 Northpointe Parkway, Suite 129

West Palm Beach

(City)

Florida 33407

(Zip code)

FILED
2021 AUG 31 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FL

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.

DocuSigned by:
John Giampetroni
John Giampetroni (Registered agent's signature)

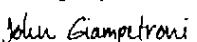
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>John Giampetroni</u>	<input type="checkbox"/> Manager	Name: <u>Audrey DiMarzo</u>
<input type="checkbox"/> Member	Address: <u>801 Northpoint Parkway, Suite 129</u>	<input type="checkbox"/> Member	Address: <u>801 Northpoint Parkway, Suite 129</u>
<input type="checkbox"/> Authorized	<u>West Palm Beach, FL 33407</u>	<input type="checkbox"/> Authorized	<u>West Palm Beach, FL 33407</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Managing Director</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>General Counsel</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: <u>Todd Knowles</u>	 <input type="checkbox"/> Manager	 Name: <u>Karen Blanchard</u>
<input type="checkbox"/> Member	Address: <u>801 Northpoint Parkway, Suite 129</u>	<input type="checkbox"/> Member	Address: <u>801 Northpoint Parkway, Suite 129</u>
<input type="checkbox"/> Authorized	<u>West Palm Beach, FL 33407</u>	<input type="checkbox"/> Authorized	<u>West Palm Beach, FL 33407</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Chief Financial Officer</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:

 4BB4C8D4D7E5495...
 Signature of an authorized person

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VSV MANAGEMENT, 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 EIGHTEENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VSV MANAGEMENT, LLC" WAS FORMED ON THE SEVENTH DAY OF MAY, A.D. 2019.

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



7409255 8300

SR# 20213016658

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203951728

Date: 08-18-21

9/03/21 CORPORATE DETAIL RECORD SCREEN 3:56 PM
NUMBER: W21000119761 REJECTED FILING REJ: 09/01/2021
NAME : VSV MANAGEMENT, LLC
SUBMIT BY: CSC
USER ID : SHAWKES

1. MENU, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: