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From:			•
		: REGISTERED AGENTS INC.	* •
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	Phone	: (307)200-2803	
	Fax Number	: (855)330-1010	
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Foreign Limited Liability Company Virago Investments LLC

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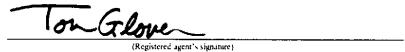
Help

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:

ı. Virago Inve	stments LLC Limited Liability Company; must include "Lini			
	ombroski LLC	uited Etability Company," "E.E.C.," or "l	.LC.")	
₂ Alabama	name adopted for the purpose of transacting business in high foreign limited liability company is organized)	_{3.} 86361866	_	
4	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration.) rmine penalty liability)	maganism gays on a maganism and related	
25956 Canal Rd 1-301 (Street Address of Principal Office)		_{6.} PO Box 1324		
Orange Beach 7. Name and street address	AL 36561 ss of Florida registered agent: (P.O. Bo		es AL 36547	
Name:	Northwest Registered A	gent LLC	78 23 T	
Office Address:	7901 4th St N ST	ΓΕ 300	PHI	
	St. Petersburg	Florida 33	702 PHI2: 39	
Registered agent's accep		f process for the above stated lie	nited liability company at the sta	

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.



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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: courtney dombroski Manager Manager Address: PO BOX 1324 Member Member 1 Address: **GULF SHORES AL 36547** Authorized Authorized Person Person Other Other Other___ Other___ Manager Name: _____ Manager Member Member Address: Address: Authorized Authorized Person Person Other____ Other____ Other_ Other Name: ■ Manager Manager Address: _____ 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 \$.817.155, F.S. Morgan Noble

Typed or printed name of signee

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Virago Investments LLC was formed in Alabama, Alabama on April 1, 2021. The Alabama Entity Identification number for this entity is 844-594. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20220124000017912

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

01/24/2022

Date

X. W. Merill

John H. Merrill

Secretary of State