

M32200002004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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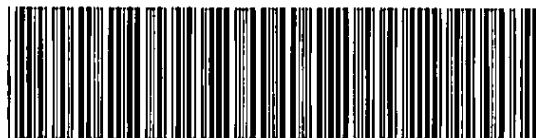
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 FEB -8 AM 11:28
STATE
FLORIDA
TALLAHASSEE, FLORIDA

S. HAWKES
FEB - 2021

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

ACCOUNT NO. : I20000000195

REFERENCE : 464665 5149589

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : February 8, 2022

ORDER TIME : 2:07 PM

ORDER NO. : 464665-005

CUSTOMER NO: 5149589

FOREIGN FILINGS

NAME: VCP6 ACQUISITION, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VCP6 Acquisition, 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:

Jason Slutsky

Name of Person

KGT, Inc.

Firm/Company

505 South Flagler Drive, Suite 1550

Address

West Palm Beach, Florida 33401

City/State and Zip Code

legal@grahamcapital.com ✓

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

For further information concerning this matter, please call:

Anna Kapranova

203

899-3452

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 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. VCP6 Acquisition, 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 3. 87-1018619
(Jurisdiction under the law of which foreign limited liability company is organized) (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. c/o KGT Inc. 6. c/o KGT Inc.
(Street Address of Principal Office) (Mailing Address)

505 South Flagler Drive, Suite 1550

505 South Flagler Drive, Suite 1550

West Palm Beach, Florida 33401

West Palm Beach, Florida 33401

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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.

Eylima Bahor
Assistant Vice President

(Registered agent's signature)

RECEIVED
JAN 11 10 42 AM '06
STATE
OF FLORIDA

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 checked="" type="checkbox"/> Manager	Name: KGT, Inc.	<input type="checkbox"/> Manager	Name: Brian Douglas
<input type="checkbox"/> Member	Address: 505 South Flagler Drive	<input type="checkbox"/> Member	Address: 40 Highland Avenue
<input type="checkbox"/> Authorized	Suite 1550	<input checked="" type="checkbox"/> Authorized	Rowayton, CT 06853
Person	West Palm Beach, Florida 33401	Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other COO	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Kenneth G. Tropin	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 505 South Flagler Drive	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	Suite 1550	<input type="checkbox"/> Authorized	
Person	West Palm Beach, Florida 33401	Person	
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Jason Slutsky	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 40 Highland Avenue	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	Rowayton, CT 06853	<input type="checkbox"/> Authorized	
Person		Person	
<input checked="" type="checkbox"/> Other Secretary	<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.



Signature of an authorized person

Brian Douglas

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VCP6 ACQUISITION, 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 EIGHTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VCP6 ACQUISITION, LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D. 2021.

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



5934950 8300

SR# 20220413133

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: 202602950

Date: 02-08-22