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8. FRANKLIN

S. FRANKLIN MAR 17 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 534412 4306747

AUTHORIZATION : Spelle man

COST LIMIT : \$\forall 125\forall 00

ORDER DATE: March 8, 2022

ORDER TIME : 10:42 AM

ORDER NO. : 534412-005

CUSTOMER NO: 4306747

FOREIGN FILINGS

NAME: LV SOLUTIONS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

	V Solutions, LLC					
SUBJECT: _	Name of Limited Liability Company					
		ed Liability Company for Authorization to Transact Business in Florida, or the above referenced foreign limited liability company to transact business.				
Please return a	Il correspondence concerning	this matter to the following:				
	Janice Harmon					
		Name of Person				
	Honigman LLP					
		Firm/Company				
	660 Woodward Ave., Ste.	2290				
		Address				
	Detroit, MI 48226					
		City/State and Zip Code	202			
	jharmon@honigman.com		2022 HAR			
	E-mail ac	dress: (to be used for future annual report notification)	R 16	#2#2 #7-		
or further info	ormation concerning this matte	er, please call:		<u>م</u>		
Janic	e Harmon	313 465-8214 (1)	PH 4: 35	ر ۽		
	Name of Contact F		့် ယ္			
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Please	25.00 Filing Fee	g amount: ORIDA DEPARTMENT OF STATE 00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Cert				

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida The altern	sate name must include "Limited Liabili	ity Company," "L L.C." or	T.I.C.")
Delaware		,			
2. (Jurisdiction under the law of w	hich foreign limited hability company is organized)	3. <u> </u>	(FEI number, i	(applicable)	_
.1					
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) line penalty liabil	ity)		
781 Big Tree Dr. 5.		78	Big Tree Dr. (Mailing Address)		
5. Street Address of Principal Office)		o	(Mailing Address)		_
Longwood, FL 32750		Lo	ngwood, FL 32750		
7. Name and street addres Name:	SS of Florida registered agent: (P.O. Box Corporation Service Company	x <u>NOT</u> acce	ptable)	072 HAR 16 P	
Office Address:	1201 Hays Street		-	PH 박 35	
	Tallahassee		32301 , Florida		
	(City)	· 	(Zip code)		
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	is registered	agent and agree to act in t	his capacity. I furt	her agre

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name an	d Addr	ess:
□Manager	Name: SBS Buyer II, Inc.	_ Manager	Name:			
■Member	Address: 5925 Stoneridge Dr.	_	Address:			
□Authorized	Pleasanton, CA 94588	_				
Person		_ Person				····-
□Other	□Other	Other		□Other_		
□Manager	Name:	_ □Manager	Name:			
□Member	Address:	□Member	Address:			
□Authorized		■Authorized				
Person		_ Person				
□Other	Other	Other		□Other_		
□Manager	Name:	_ □Manager	Name:	:	2022 MAR	Annaly .
□Member	Address:	_	Address:		- -	
□Authorized		_		<u>'</u>	PH	
Person		Person			 - સ્ટ્ર	
Other	Other	Other		□Other_		
indexed individuals 9. Attached is a cert jurisdiction under th of the translator mus 10. This document i	ise an attachment to report more than six (may be added to the index when filing you ifficate of existence, no more than 90 days the law of which it is organized. (If the certist be submitted) s executed in accordance with section 605 ment to the Department of State constitutes Tirry Heally	ur Florida Department of Stat old, duly authenticated by the ificate is in a foreign language .0203 (1) (b). Florida Statutes	e Annual Rep e official having e, a translation s. I am aware t	ort form. ng custody o of the certif hat any false	f records	s in the der oath

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LV SOLUTIONS, 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 THIRD DAY OF MARCH, A.D. 2022.

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

2022 HAR 16 PM 4: 35



Authentication: 202818781

Date: 03-03-22

6646931 8300 SR# 20220872794

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