

M22000008262

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000185483 3)))



H220001854833ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GLOBAL ACCOUNTING AND TAX PROFESSIONAL CORP
Account Number : I20140000098
Phone : (786)372-1391
Fax Number : (786)762-2589

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY 25 AM 10:21

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2022 MAY 25 PM 4:07

Foreign Limited Liability Company
VIKINGO 5701 MIAMI LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

#22000185483 3

H220001854833

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. VIKINGO 5701 MIAMI 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. 88-1455414
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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. 7500 NW 25TH STREET 6. SAME
(Street Address of Principal Office) (Mailing Address)SUITE 246MIAMI FL 331227. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: SURELY MOLINAOffice Address: 7500 NW 25TH STREET SUITE #246MIAMI, Florida 33122
(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.Surely Molina
(Registered agent's signature)

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2022 MAY 25 AM 10:21
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TALLAHASSEE, FLORIDA

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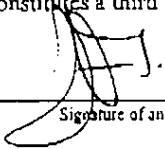
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>LUIS APA</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>7500 NW 25th street</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite# <u>246</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Miami FL 33122</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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 _____
<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.


Signature of an authorized person

LUIS APA

Typed or printed name of signer

H220001854833

May. 25. 2022 4:11PM

No. 0207 P. 4


State of Delaware
Secretary of State
Division of Corporations
Delivered 12:16 PM 03/22/2022
FILED 12:16 PM 03/22/2022
SR 20221102544 - File Number 6639179

State of Delaware
Limited Liability Company
Certificate of Formation

FIRST: The name of this Delaware limited liability company is:
VIKINGO 5701 MIAMI LLC

SECOND: The name and address of the registered agent of the Company is:
Corporate Creations Network Inc.
3411 Silverside Road Tatnall Building #104
Wilmington DE 19810

The undersigned authorized person has executed this Certificate of Formation on
March 22, 2022.



Computershare Governance Services Inc.
d/b/a Corporate Creations International - Organizer
By: Lauren Underwood, Special Secretary

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "VIKINGO 5701 MIAMI 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 THIRTEENTH DAY OF APRIL, A.D. 2022.



6689179 8300

SR# 20221402038

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 in a small font.

Authentication: 203172382

Date: 04-13-22