Office Use Only



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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

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REFERENCE: 779287 7501547

AUTHORIZATION

COST LIMIT : \$ 155.00

ORDER DATE : June 29, 2022

ORDER TIME : 9:28 AM

ORDER NO. : 779287-005

CUSTOMER NO: 7501547

FOREIGN FILINGS

NAME: VS LOANS LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. VS LOANS LLC						_	
(Name of Foreign	Limited Liability Company; must include "Limited I	Liability Comp	any," "L.L.C.," or "LI.C.")			-	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	ida The alternate	name must include "Limited Liabilit	y Company," "L	L.C," or "	_ L1.C.")	
DELAWARE 2. (Jurisdiction under the law of which foreign limited liability company is organized)		61-1903320 3					
		(FEI number, if applicable)					
4	(No. 6			_			
	(Date first transacted business in Florida, if prior to ref (See sections 605 0904 & 605,0905, F.S. to determine	penalty hability)					
4401 WILSON BLVD 5. (Street Address of Principal Office)		6. (Mailing Address)					
(Street Address of Principal Office)		()	Mailing Address)			-	
SUITE 600		SUIT	E 600				
ARLINGTON, VA 22203		ARLI	A	2022 J	- ਦੋਕਾ-*s		
7. Name and street addre	ss of Florida registered agent: (P.O. Box)	NOT accept	able)	46 	UN 30 P	- 5 §	
Name:	Corporation Service Company		_	; " -"	PH 1:2	و ده اهوروچه	
Office Address:	1201 Hays Street		-		29		
	Tallahassee		32301 , Florida	_			
	(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.

Corporation Service Company

By: (Illum Weiferd assistant vice president
(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: DOUGLAS SANDOR	■Manager	Name:DOUGLAS LA ROSA
□Member	Address: 4401 WILSON BLVD	□Member	Address: 4401 WILSON BLVD
□Authorized	SUITE 600	□Authorized	SUITE 600
Person	ARLINGTON, VA 22203	Person	ARLINGTON, VA 22203
Other		□Other	
■Manager	Name: DAVID BRODY	□Manager	Name:
□Member	Address: 4401 WILSON BLVD	□Member	Address:
□Authorized	SUITE 600	□Authorized	
Person	ARLINGTON, VA 22203	Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person	<u> </u>	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. 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

DAVID BRODY

Typed or printed name of signee

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

DELAWARE, DO HEREBY CERTIFY "VS LOANS 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 TWENTY-NINTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VS LOANS LLC"

WAS FORMED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2018.

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

TAYS OF THE PARTY OF THE PARTY

Authentication: 203804501

Date: 06-29-22