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		1	PICK UP:	7/1 DANNY			
Ŋ	(X]	CERTIFIED COPY PHOTOCOPY CUS	Y				
X	(X 1	FILING	FORE	IGN LLC			
1.	VIV(O LIVING JAC ORATE NAME AND D	CKSONVILLE POCUMENT #)	, LLC			
2.	(CORP	ORATE NAME AND D	OCUMENT #)				
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SPEC INSTI	IAL RUCTION	is:					

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	VIVO LIVING JACKSONVILLE, LLC					
	Name of Limited Liability Company					
The end Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificace, 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:					
	Brittany Hansen					
	Name of Person					
	Registered Agent Solutions, Inc.					
	Firm/Company					
	5301 Southwest Parkway, Suite 400					
	Address					
	Austin, TX 78735					
City/State and Zip Code						
	jacky@vivoinvestmentgroup.com					
	E-mail address: (to be used for future annual report notification)					
For furt	her information concerning this matter, please call:					
	Brittany Hansen 888 7057274					
	Name of Contact Person Area Code Daytime Telephone Number					
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 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 \$\Boxed{1}\$\$ \$125.00 Filing Fee \$\Boxed{1}\$\$ \$130.00 Filing Fee & \$\Boxed{1}\$\$ \$155.00 Filing Fee & \$\Boxed{1}\$\$ \$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ Certificate of Status & Certified Copy \$\$\$ 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:

	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liah	ility Company," "L.L.C," or "LL			
Delaware		88-2518492				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number, if applicable)				
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) e penalty liability)	- 			
7071 103RD ST.		2381 Rosecrans Ave STE 330	2022 151			
treet Address of Principal Office)		6. (Mailing Address)	12 E			
JACKSONVILLE, FL	32210	El Segundo, CA 90254				
	· 		PH H			
			<u></u>			
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	S9			
Name:	Registered Agent Solutions, Inc.					
Office Address:	155 Office Plaza Dr. Suite A					
Office Address.	Tallahassee	32301				
		, Florida				
	(City)	(Zip code)				

(Registered agent's signature)

Adam Saldana, Assistant Secretary

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: Name: Daniel Norville Manager Manager Name: ____ 7071 103RD ST, ☐ Member □Member Address: JACKSONVILLE, FL 32210 □ Authorized □ Authorized Person Person □Other_ □ Other Other Other □Manager Name: □Manager Name: _____ □Member Address: ☐ Member Address: □Authorized ☐ Authorized Person Person □Other____ □Other Other__ □Other____ Name: _____ □Manager □ Manager Name: _____ ☐ Member Address: ____ □Member Address: ____ ☐ Authorized ☐ Authorized Person Person □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 s.817.155, F.S. Dan Norville (Jun 29, 2022 18 17 FDT) Signature of an authorized person Daniel Norville Typed or printed name of signee

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "VIVO LIVING JACKSONVILLE, 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 FIRST DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIVO LIVING JACKSONVILLE, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MAY, A.D. 2022.

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



Jeffrey W. Ballack, Sacretary of State

Authentication: 203822764