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AUG 19 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

VMS Medallion, LLC

SUBJECT: _____
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:

Carl S. Karmin

Name of Person

Carl S. Karmin, P.A.

Firm/Company

800 E. Cypress Creek Rd. Suite 204

Address

Ft. Lauderdale, FL 33334

City/State and Zip Code

ckarmin@bellsouth.net

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

For further information concerning this matter, please call:

Cael Karmin

954

829-7900

at (_____) _____

Name of Contact Person

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

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FL 32303

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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:

VMS Medallion, LLC

1. _____
(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.")

Delaware

86-2268691

2. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

March 1, 2022

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

800 E. Cypress Creek Rd. Suite 204

800 E. Cypress Creek Rd. Suite 204

5. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

Ft. Lauderdale, Fl. 33334

Ft. Lauderdale, Fl. 33334

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

Name: Carl Karmin

Office Address: 800 E. Cypress Creek Rd. Suite 204

Ft. Lauderdale, Fl. 33334
_____, 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.

(Registered agent's signature)

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TALLAHASSEE, 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]:

Title or Capacity: Name and Address:
☒ Manager Name: Carl Karmin
Address: 800 E. Cypress Creek Rd.
Suite 204
☐ Member
☐ Authorized
Person Ft. Lauderdale, FL 33334
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized
Person
☐ Other ☐ Other

Title or Capacity: Name and Address:
☒ Manager Name: Ed Cespedes
Address: 800 E. Cypress Creek Rd.
Suite 204
☐ Member
☐ Authorized
Person Ft. Lauderdale, FL 33334
☐ Other ☐ Other

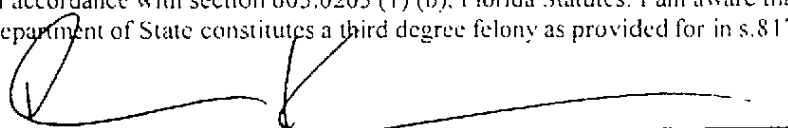
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized
Person
☐ 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

Carl Karmin

Typed or printed name of signer

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CLERK OF STATE
TALLAHASSEE, FL 32399

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VMS MEDALLION, 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-SEVENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VMS MEDALLION, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2021.

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



5260920 8300


Jeffrey W. Bullock, Secretary of State

Authentication: 204018516



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2022

CARL S. KARMIN
800 E CYPRESS CREEK RD STE 204
FT LAUDERDALE, FL 33334 US

SUBJECT: VMS MEDALLION, LLC
Ref. Number: W22000090464

Please accept our apology for failing to mention this in our previous letter.

Please list a title(s) for Ed Cespedes.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 922A00017864

RECEIVED

AUG 19 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2022

CARL S. KARMIN
800 E CYPRESS CREEK RD STE 204
FT LAUDERDALE, FL 33334 US

SUBJECT: VMS MEDALLION, LLC
Ref. Number: W22000090464

We have received your document for VMS MEDALLION, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Consina Griffin-Greaux
Regulatory Specialist II

Letter Number: 422A00015329