

M220000 14254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
*Rec'd
9-14-22*

Office Use Only



800393136088

08/31/22--01016--005 **160.00

2022 SEP 14 AM 10:47
SECRETARY OF STATE
OFFICE OF THE CLERK

FILED

SEP 14 2022

M. SOLOMON

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

1. VRK Capital 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. State of Texas
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-3901293
(FII 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. VRK Capital LLC
(Street Address of Principal Office)

3021 Alton Pl.

Round Rock, TX 78665

6. VRK Capital LLC
(Mailing Address)

3021 Alton Pl.

Round Rock, TX 78665

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

Name: Ketul R. Patel

Office Address: 57 Tomoka Ridge Way

Ormond Beach, Florida 32174
(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)

FILED
2022 SEP 14 AM 10:47
CLERK OF STATE
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]:

<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: Ketul Patel	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 57 Tomoka Ridge Way	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Ormond Beach, FL 32174	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: Vinesh Patel	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3021 Alton PL	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Round Rock, TX 78665	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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

Ketul Patel

Typed or printed name of signer

2022 SEP 14 AM 10:47
 SECRETARY OF STATE
 AT THE SECRETORIAL

FILED

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



John B. Scott
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for VRK capital LLC (file number 804680915), a Domestic Limited Liability Company (LLC), was filed in this office on August 10, 2022.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: August 11, 2022

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 13, 2022.



A handwritten signature in black ink, appearing to read "John B. Scott".

John B. Scott
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2022

VINESH PATEL
VRK CAPITAL LLC
3021 ALTON PL
ROUND ROCK, TX 78665

SUBJECT: VRK CAPITAL LLC
Ref. Number: W22000114215

We have received your document for VRK CAPITAL LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

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

Mel Solomon
Senior Section Administrator

Letter Number: 722A00020092