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DATE:

10/27/22

NAME: VERUS COMMERICAL REAL ESTATE FINANCE, LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Verus Commercial Real Estate Finance, L. BJECT:	
Nan	ne of Limited Liability Company
enclosed "Application by Foreign Limited Liability stence, and check are submitted to register the above	Company for Authorization to Transact Business in Florida." Certific referenced foreign limited liability company to transact business in F
ise return all correspondence concerning this matter	to the following:
Kayla Helm	
	Name of Person
VRL	
	Firm/Company
7900 International Drive, Suite 225	
	Address
Bloomington, MN 55425	
	City/State and Zip Code
khelm@verusmc.com	
E-mail address: (to b	e used for future annual report notification)
further information concerning this matter, please ca	III:
Kayla Helm	612 225-0377
Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status

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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:

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Florida. The	e alternate name must include "Limited Liability Company,	" "L.L.C." or "LLC
Delaware		85-3763679	
(Jurisdiction under the law of	s hich foreign limited liability company is organized)	(EEI number, if applicable)	
	(Date first transacted business in Florida, if prior to registrati (See sections 605,0904 & 605,0905, F.S. to determine penal	on.) y liab(lity)	
2001 M Street NW	,	2001 M Street NW	
reet Address of Principal Office)	6	(Mailing Address)	
Suite 300		Suite 300	
Washington, DC 2003	6	Washington, DC 20036	
Name and street addre	ss of Florida registered agent: (P.O. Box NOT	acceptable)	. ~
Name:	ss of Florida registered agent: (P.O. Box NOT PARACORP INCORPORATED 155 OFFICE PLAZA DRIVE, 1ST FLOOR	acceptable)	2027 OCT 2
	PARACORP INCORPORATED 155 OFFICE PLAZA DRIVE, 1ST FLOOR TALLAHASSEE	32303-3230	2022 OCT 27 AF
Name:	PARACORP INCORPORATED 155 OFFICE PLAZA DRIVE, 1ST FLOOR		2022 OCT 27 AHII:
Name: Office Address: egistered agent's acceptiving been named as resignated in this applications of the provision of the pro	PARACORP INCORPORATED 155 OFFICE PLAZA DRIVE, 1ST FLOOR TALLAHASSEE (City)	Florida 32303-3230 (Zip code) for the above stated limited liability compared agent and agree to act in this capac	AHII: Of pany at the pairs. I further

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: Name and Address: Title or Capacity: Name: Ricardo Koenigsberger Kenneth Witkin ■Manager ■ Manager 2001 M Street NW 2001 M Street NW Address: ☐ Member Suite 300 □ Authorized □ Authorized Washington, DC 20036 Washington, DC 20036 Person Person ☐ Other_ □Other___ Other | □Other □ Manager Name: _____ Name: ☐ Manager ☐ Member Address: ☐ Member Address: ________ □ Authorized ☐ Authorized Person Person Other ☐ Other ☐ Other_ Other □ Manager ☐ Manager Name: _____ ☐ Member Address: ____ Address: ____ □ Member □ Authorized ☐ Authorized Person 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. 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.

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 10/26/2022

ENTITY NAME: Verus Commercial Real Estate Finance, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VERUS COMMERCIAL REAL ESTATE FINANCE,

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-FOURTH DAY OF OCTOBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERUS COMMERCIAL REAL ESTATE FINANCE, LLC" WAS FORMED ON THE FOURTH DAY OF AUGUST,

A.D. 2020.

Authentication: 204690919

Date: 10-24-22