12/15/22, 9,26 AM

Τo

Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000421622 3)))



Note: DO NOT hit the REFRESH RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ___onicolia@regalhcp.com

Foreign Limited Liability Company VisionCo Management, LLC

Certificate of Status	U
Certified Copy	1
Page Count	04
Estimated Charge	\$155,00

Electronic Filing Menu — Corporate Filing Menu



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

IN COMPLIANCE WITH SECTION 605.020, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED HABILITY COMPANY/TOTRANS/CTBUSINESS INTHE STATE OF FLORIDA:

1. VisionCo Management	, LLC				
(Name of Foreign	Lanned Liability Company (must include Tim	ted Liability Co	inpany "TT, C for TLC")		
	·			· 	
	iame adopted for the purpose of transacting business ii			enryms (L.L.C. or L.L.	
Delaware 2.		92-0649993			
2 3. (ETI number, if app.					
4	Dete first (consucted business in Honda, if prior (See sections 665 0961 & 605 0905, US to dete	to registration) mine penalty hab	luy)		
1 Penn Plaza, Ste. 2705			enn Plaza, Ste. 2705		
Successional Principal Office) Stationary Address of Principal Office) (Mading Address)					
New York, NY 10119		Ne	w York, NY 10119	1007	
		_			
7. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acce	eptable)		
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road				
	Plantation		33324 , Florida		
	(City)		(Zip zode)		

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 daties, and I am familiar with and accept the obligations of my position as registered agent.

Kaity Toon, Asst Secretary
(Registered rightful suggested rightful sug

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: VisionCo Intermediate, LLC	□Manager	Name: Jon Santemnia
■ Member	Address: 1 Penn Plaza, Ste. 2705	I Member	Address: L Penn Plaza, Ste. 2705
☐ Authorized	New York, NY 10119	■ Authorized	New York, NY 10119
Person		Person	
□Other	Other	Other	
∃Manager	Name:	∐ Manager	Name:
□Member	Address:	□ Member	Address:
□Authorized		T Authorized	15-2
Person		Person	
□Other		☐ Other	
□Manager	Name:	⊒ Manager	Name:
□Member	Address:	⊒ Member	Address:
□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. 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.

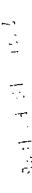
-125	Sofres and the second	
	Nigotatire of an authorized person	
Jon Santemma		
	Typed or conted name of supec	

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "VISIONCO MANAGEMENT, 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 FOURTEENTH DAY OF DECEMBER, A.D. 2022.

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





Authentication: 205092666

Date: 12-14-22