## M2-30004327

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## **COVER LETTER**

TO:	Registration S Division of Co						
SUBJE	VTA Hole ECT:	dings LLC					
001111	Name of Limited Liability Company						
		ion by Foreign Limited Liability C e submitted to register the above r					
Please	return all corresp	ondence concerning this matter to	the following:				
	Kath	erine M. Henning, Esq.					
	-		Name of Person				
	Cour	ey, Kosanda & Zimmer, P.A.			2		
	Firm/Company · · ·						
	505 E	lighway 169 North, Suite 350			HAR 16 MM 8		
		Address					
	Minn	eapolis, Minnesota 55441			2023 HAR 16 MM 8: 15		
		Ci	ty/State and Zip Code				
	khenni	ng@ckzlawfirm.com			; · · · · -		
	<del></del>	E-mail address: (to be	used for future annual	report notification)			
For fur	ther information	concerning this matter, please cal	l:				
	Katherine M.	Henning, Esq.	763	398-0441			
		Name of Contact Person	at (at Code	Daytime Telephor	ne Number		
Mailing Address: Registration Section Division of Corporations		Street Address:					
		Registration Section					
		Division of Corporations The Centre of Tallahassee					
	P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				
	rananassee,	11,32314	Tallahassee, F.				
		heck for the following amount: neck payable to: FLORIDA DEP, ing Fee	: & □ \$155.00 Fili	ing Fee & 🗆 \$160.0	0 Filing Fee, Certificate 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:

Delaware	e adopted for the purpose of transacting business in Florida in foreign limited liability company is organized)  (Date first transacted business in Florida, if prior to regin (See sections 605,0904 & 605,0905, F.S. to determine putter 762	3. <u>83258494</u>	applicable)	"LI.C.") —
2. (Jurisdiction under the law of which 4. 1201 N. Orange Street, S 5. (Street Address of Principal Office)	(Date first transacted business in Florida, if prior to regi (See sections 605,0904 & 605,0905, F.S. to determine p	1201 N. Orange Street, Suite 76	applicable)  52 . 23	_
(Jurisdiction under the law of which 4.  1201 N. Orange Street, S 5. (Street Address of Principal Office)	(Date first transacted business in Florida, if prior to regi (See sections 605,0904 & 605,0905, F.S. to determine p	1201 N. Orange Street, Suite 76	applicable)	_
5. (Street Address of Principal Office)		1201 N. Orange Street, Suite 76	- 52 . 283	
5. (Street Address of Principal Office)		1201 N. Orange Street, Suite 76	52 . <b>2</b> 97	
5. (Street Address of Principal Office)	uite 762		52 . <b>23</b>	
Street Address of Principal Office)		7.7.15		
Wilmington, Delaware 18		(Mailing Address)		- 福
	3901	Wilmington, Delaware 19801	<b>8</b> 16	طَعْمُ اللهِ الشعادر
	· · · · · · · · · · · · · · · · · · ·		至	
		<del></del>	<u> </u>	النب ا
	of Florida registered agent: (P.O. Box N	(OT acceptable)	िंहि ज	
Name:	Vladimir Tess			
Office Address: _	751 South Ocean Drive, Apt. 401N			
1	Hollywood	33019 , Florida		
_	(City)	(Zip code)	_	
designated in this application to comply with the provision	ace: stered agent and to accept service of pro- n, I hereby accept the appointment as re s of all statutes relative to the proper an f my position as registered agent.	egistered agent and agree to act in th	is capacity. I furi	ther agre

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: Vladimir Tess Name: □Manager □Manager 2751 S. Ocean Dr., Apt. 401N Address: □Member Address: ■ Member Hollywood, FL 33019 ☐ Authorized □ Authorized Person Person Other ☐ Other Other\_\_\_\_ □Other\_\_\_ Name: \_\_\_\_\_ Name: ☐ Manager □ Manager □Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □ Other □Other\_\_\_\_ Other\_\_\_ □Other Name: □Manager □Manager □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. 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. Signature of an authorized person

Typed or printed name of signee

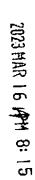
Vladimir Tess, President

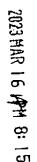
## <u>De</u>laware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VTA HOLDINGS 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VTA HOLDINGS LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2018.

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







Authentication: 202728890

Date: 02-16-23