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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Email Address:_

Foreign Limited Liability Company VWL, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
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COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:		VWL LLC		
		ne of Limited Liability Company		
		Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida		
Please returi	n all correspondence concerning this matter t	to the following:		
		Uriel Ghelman		
	Name of Person			
		WL It C		
	Firm/Company			
21050 NE 38th Ave, #1006				
		Address		
		Aventura, FL 33180		
	C	City/State and Zip Code		
		mughelman@gmail.com		
	E-mail address: (to be	e used for future annual report notification)		
For further i	information concerning this matter, please ca	di:		
	Uriel Ghelman	at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations		Street Address:		
		Registration Section		
		Division of Corporations		
	O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEF \$125.00 Filing Fee			

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 INTHE STATE OF FLORIDA: (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," "LLC," or "LLC," or TEXAS (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 6. 21050 NE 38th Ave, #1006 21050 NE 38th Ave, #1006 (Street Address of Principal Office) (Mailing Address) Aventura, FL 33180 Aventura, FL 33180 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Uriel Ghelman Name: 21050 NE 38th Ave, #1006 Office Address: Aventura , Florida _ 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.

8. For initial indexing purposes, li manage [up to six (6) total]:	st names, title or capacity and a	ddresses of the primary members/mai	nagers or persons authorized to
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Unel Gheiman	⊠Manager	Name: Melany Ghelman
□Member	Address:21050 NE 38th Ave, #1006	□Member	Address: 21050 NE 38th Ave. #1006
□Authorized	Aventura, FL 33180	□Authorized	Aventura, FL 33180
Person		Person	
Other	Other	☐Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		□Other	Other

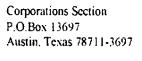
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.

Signature of all authorized person	
Uriel Ghelman	
Typed or printed name of signee	

Jane Nelson Secretary of State

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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 VWL, LLC (file number 800630502), a Domestic Limited Liability Company (LLC), was filed in this office on March 22, 2006.

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

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 April 17, 2023.



Jane Nelson Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Dial: 7-1-1 for Relay Services Document: 1238792890002