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Division of Corporations

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From:

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Fax Number : (917)243-5843

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

Email	Address:	

Foreign Limited Liability Company Vissevechio, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Poreign	Limited Liability Company: must include "Limited	Liability	Company," "LLC ," or "LLC.")	-		
li name unaviolante, enter alternate	name adopted for the parpose of transacting business in FI	orida, The a	llemate game intist melide "Tamited L	adulity Company," "L.L.C		3.C 74
Delaware	theb foreign hanted hambley company is organized)	3.		ver, af appelicable)		•••
May 15/ 2023						
	(Date first transacted basiness in Florida, if one to i (See sections (3)5,18913 & 495,18915, F.S. to determine	registration ne penulty l	glafity)			
ONE PENN PLAZA, 6TH FLOOR			ONE PENN PLAZA, 6TH FLOOR			
intel Address of Principal Office)		υ	(Mailing Address)			
NEW YORK, NY 10119		NEW YORK, NY 10119				
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	eceptable)	· ,		
Name:	Registered Agent Solutions, Inc.			74 74 84	ŽUZJIAN I S	و الله الله الله الله الله الله الله الل
Office Address:	2894 Remington Green Ln.Ste. A			A 58 1c	5 PH	ا م م
	Tallahassee		32308 , Florida		ነነ፡ጎ Wd	(z

Registered agent's acceptance:

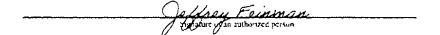
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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, 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: Mattjacale, LLC	□Manager	Name:
₹ Member	Address: ONE PENN PLAZA, 6TH FL	□Member	Address:
☐ Authorized	NEW YORK, NY 10119	□∧athorized	
Person		Person	
C.Other	□Other	∏Other	.:Other
⊒Manager	Name:	□Manager	Name:
_Member	Address:	∐Member	Address:
☐ Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	
□Managor	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. Lam aware that any false information submitted in a document to the Department of State constitutes a third degree fellowy as provided for in s.817.155, F.S.



Ta:



Page 1

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

DELAWARE, DO HEREBY CERTIFY "VISSEVECHIO, 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 FIFTEENTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VISSEVECHIO, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MAY, A.D. 2023.

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

Authentication: 203344671

Date: 05-15-23