## Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 : (845)425-0077 Fax Number : (845)818-3588

\*\*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 VO 25 LLC

| Certificate of Status | . 0      |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 04       |
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6050002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: VO 25 LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LI C.") (If name mass while center afternate name adopted for the purpose of transacting business in Florida. The alternate must melide "Limited Liability Company," "L.L.C." or "LLC." > Delaware if hi number, if applicable) (Jurisdiction under the law of which foreign limited hability company is organized) (Dute lirst transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability.) 2850 Quarry Lake Drive, Ste 140 2850 Quarry Lake Drive, Ste 140 (Street Address of Principal Office) (Mailing Address) Baltimore, MD, 21209 Baltimore, MD, 21209 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Vcorp Services, LLC Name: 1200 South Pine Island Road Office Address: Plantation 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: Stephen Lobell              | □Manager            | Name: Brock Nicholas                 |
| □Member                         | Address: 8297 Champions Gate Blvd | □ Member            | Address: 7455 Emerald Dunes Dr. #800 |
| ☑Authorized                     | Suite 466                         | <b>■</b> Authorized | Orlando, FL 32822                    |
| Person Champions Gate, FL 33896 |                                   | Person              |                                      |
| □Other                          |                                   | Other               |                                      |
| □Manager                        | Name: J. Jay Lobell               | <b>≚</b> Manager    | Name: BSLN-FL-1 VO JV LLC            |
| □Member                         | Address: 2850 Quany Lake Drive,   | □ Member            | Address: 7455 Emerald Dunes Dr. #800 |
| 3 Authorized                    | Suite 140                         | ☐ Authorized        | Orlando, FL 32822                    |
| Person                          | Baltimore, MD 21209               | Person              |                                      |
| □Other                          | Other                             | Other               | Other                                |
| □Manager                        | Name:                             | □ Manager           | Name:                                |
| ⊡Member                         | Address:                          |                     | Address:                             |
| □Authorized                     |                                   | ☐ Authorized        |                                      |
| Person                          |                                   | Person              |                                      |
| □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) (h), 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.

| 4 Jm          |                                   |  |
|---------------|-----------------------------------|--|
| 1-0           | Signature of an authorized person |  |
| J. Jay Lobell |                                   |  |
|               | Expell or intoted name of some    |  |



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

DELAWARE, DO HEREBY CERTIFY "VO 25 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-EIGHTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VO 25 LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2023.

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

Authentication: 203648086

Date: 06-28-23