

MZ3000015006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

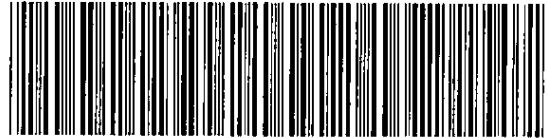
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 28 2023

K. Brumbley

COVER LETTER

**TO: Registration Section
Division of Corporations
E-VIP, LLC Series 5**

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kendall Callan

Name of Person

E-VIP, LLC Series 5

Firm/Company

6001 Old Lawyers Hill Road, Elkridge MD, 21075

Address

Elkridge MD, 21075

City/State and Zip Code

evipco@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kendall Callan

413.545.6039

Name of Contact Person at (_____) _____
Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

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:

E-VIP, LLC Series 5

1. _____
(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," "L.L.C.," or "LLC.")
Wyoming 93-4594482

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

No Business Transacted in Florida

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

30 N. Gould St. STE N

30 N. Gould St. STE N

5. _____
(Street Address of Principal Office)

Sheridan, WY 82801

6. _____
(Mailing Address)

Sheridan, WY 82801

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Northwest Registered Agent LLC

Name: _____

7901 4th Street

Office Address: _____

St. Petersburg

33702

_____, Florida _____
(City) (Zip code)

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.

[Signature]

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA
SHERIDAN COUNTY

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Kendall Callan	<input type="checkbox"/> Manager	Name: _____
	6001 Old Lawyers Hill Road		_____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
	Elkridge, MD 21075		_____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
	_____		_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

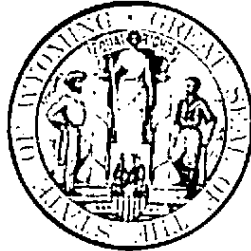
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.

Kendall Callan
Signature of an authorized person

State of Wyoming

Office of the Secretary of State



United States of America, }
State of Wyoming } **ss.**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

E-VIP, LLC
A Limited Liability Company

formed or qualified under the laws of Wyoming did on **September 29, 2023**, comply with all applicable requirements of this office. Its period of duration is perpetual. This entity has been assigned entity identification number **2023-001338478**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

Furthermore, I do hereby certify that according to the records of this office,

E-VIP, LLC Series 5

a series of the aforementioned Limited Liability Company, is in good standing with this office.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivery and communicated this official certificate done at Cheyenne, the Capital, on this 28th day of November A.D., 2023.



Chuck Gray
Secretary of State

Dani Cronk
By _____

Dani Cronk