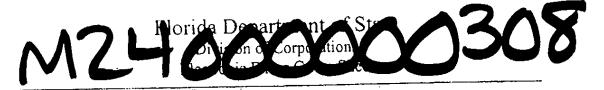
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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : I20220000023 : (800)221-2972 Phone : (917)243-5843 Fax Number

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

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## Foreign Limited Liability Company Vladmir GP, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

JAN 1 1 2024

K. Brumbley

To

## 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: Viadmir GP, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name scavallable, outer alternate name adopted for the purpose of transacting business in Florida, 1 for alternate name trust include "Linvied Mability Company," "LLC," or (Artisdiction under the law of which foreign lemited liability company 4 organized) January 1, 2024 1648 Northlake Pass 1648 Northlake Pass (Mailing Address) (Street Address of Principal Office) Universal City, Texas 78148 Universal City, Texas 78148 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 2894 Remington Green Ln Ste. A Office Address: Tallahassec

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 Canacity:	Name and Address:	Title or Capacity:	Name and Address:
■ Manager	Name: W.R. Sirotiak	☐ Manager	Name:
☐ Meinber	Address:	□Moinber	Address:
☐ Authorized	Universal City, Texas 78148	□Authorized	
Person		Person	
COther	mou	Floring	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		Authorized	
Person		Person	
Other	Other	Other	□Other
□Manager	Name:		Name:
☐ Member	Address:	<b>G</b>	Address:
C: Authorized		C And edited	
Person		Domon	
Other	<b>70</b> 0		□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 an authorized person

W. R. Sirotiak

Typed or priased name of signes

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

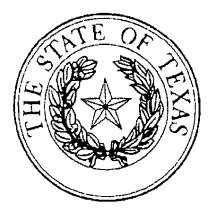
## Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for VLADMIR GP, L.L.C. (file number 800047388), a Domestic Limited Liability Company (LLC), was filed in this office on January 17, 2002.

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 January 03, 2024.



Jane Helson

Jane Nelson Secretary of State

Dial: 7-1-1 for Relay Services Document: 1319020770003