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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SPIEGEL & UTRERA, P.A.
Account Number : FCA000000001
Phone : (305)854-6000
Fax Number : (305)866-2676

Enter the email address for only business notices on the separate document

Email Address: _____

Foreign Limited Liability Company NYC LIMO VIP LLC

Certificate of Status	0
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H24000042187 3**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:

1. NYC LIMO VIP LLC
 (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.")

2. New Jersey
 (Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
 (FEI number, if applicable)

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

5. 1801 NE 123rd Street
 (Street Address of Principal Office)

6. 1801 NE 123rd Street
 (Mailing Address)

Suite 314

Suite 314

North Miami, Florida 33181

North Miami, Florida 33181

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

Name: SPIEGEL & UTRERA, P. A.

Office Address: 1840 SW 22nd Street, 4th Floor

Miami, Florida 33145
 (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.

SPIEGEL & UTRERA, P.A.
 By: Natalia Utrera Natalia Utrera, Vice-President
 (Registered agent's signature)

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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: <u>Mark Girgis</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1801 NE 123rd St., Ste. 314</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>North Miami, FL 33181</u>	<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.



Signature of an authorized person

Mark Girgis

Typed or printed name of signer

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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**NYC LIMO VIP LLC
0400354306**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 15, 2010.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**MARK GIRGIS
1 MEADOWLANDS PLAZA
SUITE 200
EAST RUTHERFORD, NJ 07073**

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on January 16, 2024.

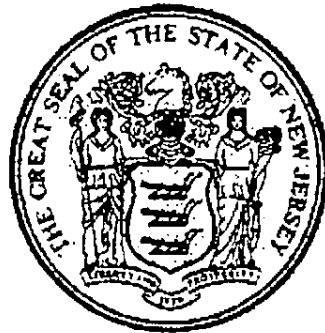
MEMBER

**Ann Keriacos
1005 Tanglewood Ln
Flower Mound, TX 75028**

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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

NYC LIMO VIP LLC
0400354306



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
16th day of January, 2024*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 2775345493

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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