M24000003358

(Requestor's Name)
(Address)
(Address)
(Číty/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

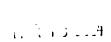


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Selv. TALLIMASSELATI

2024 FEB 26 PH 12: 15



COVER LETTER

TO: Registration Section

CT:Nar	ne of Limited Liability Company
losed "Application by Foreign Limited Liability e, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certife referenced foreign limited liability company to transact business in
cturn all correspondence concerning this matter	to the following:
Sean English	
	Name of Person
Vcheck Global, LLC	
	Firm/Company
104 W 40th St, Suite 400 and 500	
	Address
New York, NY 10018	
	City/State and Zip Code
legal@vcheckglobal.com	
E-mail address: (to	be used for future annual report notification)
ner information concerning this matter, please of	all:
Jennifer Bahr	952 451-0981 at ()
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amount:	

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:

f name unavailable, enter alternate i	name adopted for the purpose of transacting business in l	Florida The alt	ernate name must inc	clude "Limited Liabels	ty Company," "L	LC," or "1	uc-
Delaware		3					
(Auradiction under the law of w	tuch foreign limited liability company is organized)	-· <u>-</u>		(FE) sumbor, d	applicable)		•
11/29/2023							
	(Date first transacted business in Florida, if prior is (See sections 605 0904 & 605 0905, F.S. to determ	to registration) mine penalty lia	bility)		_		
104 W 40th St			04 W 40th St				
rect Address of Principal Office)		6	(Mailing Addre	35)			•
Suite 400 and 500		S	uite 400 and 5	00			
New York, NY 10018		N	lew York, NY	10018	TALI	2024 FE	·
Name and street address	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> ac	ceptable)		7.3.1856	B 26	
Name:	Corporate Creations Network Inc.				ě: F:	PH 12: 1	•
Office Address:	801 US Highway 1	-			r	5	
	North Palm Beach		. Florida	33408			
	(Ciry)		, 1 101104	(Zip code)	_		

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.

(Registered agent's signature)

By: Michael Reinhold, Vice President

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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Lyndee Fletcher, President	□Manager	Name:
□Member	Address: 104 W 40th St	□ Member	Address:
□Authorized	Suite 400 and 500	□Authorized	
Person	New York, NY 10018	Person	
Other	Other	Other	Other
≣ Manager	Name: Sean English, CFO	☐ Manager	Name:
□Member	Address: 104 W 40th St	☐ Member	Address:
☐ Authorized	Suite 400 and 500	☐ Authorized	
Person	New York, NY 10018	Person	
□Other	Other	□Other	Other
■ Manager	Name: Katy Thomas, CIO	□ Manager 1	Name:
□Member	Address: 104 W 40th St	☐Member	Address:
□Authorized	Suite 400 and 500	☐ Authorized	
Person	New York, NY 10018	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. 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.

8-8n	gnature of an authorized person
Sean English, CFO	yped or printed name of signes

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VCHECK GLOBAL, 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 THIRTIETH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VCHECK GLOBAL, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2012.

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

e at coro delaware gov/auth

Authentication: 204702012

Date: 11-30-23

5261493 8300 SR# 20234097613

You may verify this certificate online at corp.delaware.gov/authver.shtml