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Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCGRP SERVICES, LLC

Account Number : 120080000057 Phone : (845)425-0077 Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future en the email address for this business energy to be till annual report mailings. Enter only one email address please.

Email Address:___

Foreign Limited Liability Company DUAL COAST HOLDINGS LLC

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

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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN ALMITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE SECTION FLORIDA.

Name: Veorp Agent Services, Inc 1200 South Pine Island Road Office Address:	I name wiavadable, enter alternate	name adopted for the purpose of transacting business in	ionda. Hicalio	croote name must include "I moted I	aubility Compaes 13	1.1. or "14		
(Date first transacted bisiness in Florida, dispose to registration? 1451 W. Cypress Creek Road State 300 1451 W. Cypress Creek Road State 300 6. Fort Lauderdale, FL 33309 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Veorp Agent Services, Inc 1200 South Pine Island Road Office Address:		Aboli probina landed labdate annovament action and	3	.11155.05	tin at moderables			
1451 W. Cypress Creek Road Suite 300 Fort Address of Powepst Office) Fort Lauderdale, FE 33309 Fort Lauderdale, FE 33309 Name and street address of Florida registered agent: (P.O. Box NOF acceptable) Veorp Agent Services, Inc Name: 1200 South Pine Island Road Office Address:	TAIL AND THE TAIL THE TAIL THE	rock is type is not a mounty conquise is require qu		१६ हुन मिन्नाच	per, ir agangame)			
1451 W. Cypress Creek Road Suite 300 Fort Lauderdale, FE 33309 Fort Lauderdale, FE 33309 Fort Lauderdale, FE 33309 Name and street address of Florida registered agent: (P.O. Box NOF acceptable) Veorp Agent Services, Inc Name: 1200 South Pine Island Road Office Address:	·	(Date flest transacted business in Florida, it price to thee sections but P001 & out troops, I's to describ	registration) mus penalty hal	b-lity)				
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Name: Veorp Agent Services, Inc	Fort Lauderdale, FL 33309		Fe	Fort Lauderdale, FL 33309				
Name: Veorp Agent Services, Inc			_		(-)			
Name: Veorp Agent Services, Inc	Name and street addres	ss of Florida registered agent: (P.O. Bo	: <u>NOT</u> acc	reptable)	;	2825 JUL		
Office Address:	Name:	· -	<u> </u>		: :	<u>.</u>		
	Office Address:					PH 3:		
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Registered agent's acceptance:

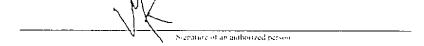
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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/managets or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacit	<u>Y:</u>	Name and Address:
■Manager	Name: Vincent Kiel	□Manager	Name:	
⊒Alember	Address:	□ Member	Address:	
□Authorized	Suite 300	☐ Authorized		
Person	Fort Lauderdale, FL 33309	Person		
□Other	Other	Z Other		
⊒Manager	Name:	_ Manager	Name:	
□Member	Address:	□ Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
□Other		Cother	 	□Other
∐Manager	Name:	I Manager	Name:	
□Member	Address:	□Member		
□Authorized		☐ Authorized		
Person		Person		
□Other	Other	Other		_iOther

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 filling 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.





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

DELAWARE, DO HEREBY CERTIFY "DUAL COAST HOLDINGS, 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 EIGHTEENTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DUAL COAST HOLDINGS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2023.

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



Jeffrey W. Bullincia, Secretary of \$1914

Authentication: 203957721

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