Ma4000015942			
(Requestor's Name)			
(Address)	600439929776		
(Address) (City/State/Zip/Phone #)	S. CHATHAM DEC 171922/24-01006020 **160.00		
Business Entity Name)			



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Special Instructions to Filing Officer:

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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: Veryon, LLC

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:

		Name of Person
	Veryon, LLC	
	<u> </u>	Firm/Company
	382 NE 191st St. Suite 42403	
		Address
	Miami, FL 33179	
	C	Tity/State and Zip Code
	dplisco@veryon.com	
-		e used for future annual report notification)
er infor		
	E-mail address: (to be	
	E-mail address: (to be mation concerning this matter, please ca	ll: 239 984-6979
S	E-mail address: (to be mation concerning this matter, please cal tue Wolfe Name of Contact Person 2 Address:	ll: at (239)984-6979 at (239)984-6979 Area Code Daytime Telephone Number <u>Street Address:</u>
<u>Mailing</u> Registi	E-mail address: (to be mation concerning this matter, please cal ine Wolfe Name of Contact Person 2 Address: ration Section	II: at (<u>239</u>) <u>984-6979</u> Area Code Daytime Telephone Number <u>Street Address:</u> Registration Section
<u>Mailing</u> Registi Divisio	E-mail address: (to be mation concerning this matter, please cal ide Wolfe Name of Contact Person 2 Address: ration Section on of Corporations	II: at (239) <u>984-6979</u> Area Code Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations
<u>Mailing</u> Registi Divisio P.O. B	E-mail address: (to be mation concerning this matter, please cal ine Wolfe Name of Contact Person 2 Address: ration Section	ll: at (<u>239</u>) <u>984-6979</u> at (<u>Area Code</u>) <u>Daytime Telephone Number <u>Street Address:</u> Registration Section</u>

Certificate of Status

Certified Copy

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 Veryon, LLC

(Name of Foreign L	imited Liability Company; must include "Limite	d Liability C	ompany,"""L.L.C.," or "LLC ")	
f name unavailable, enter alternate na	me adopted for the purpose of transacting business in F	iorida. The alte	emate name must include "Limited I.	tability Company," "L.E.C." or "LLC
Delaware		3.	27-2121103	
(Jarisdiction under the law of white	ch foreign limited liability company is organized)	_	(FEL num)	ber, if applicable)
1/1/2024				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration) ine penalty lia	biluy)	
25881 Estacada Drive		6	382 NE 191st Street	
treet Address of Principal Office)			(Mailing Address)	
		_	Suite 42403	
Los Altos, CA 94002	2	_	Miami, FL 33179	<u>()</u>
. Name and <u>street address</u>	of Florida registered agent: (P.O. Box	NOT acc	ceptable)	ECULE INST
Name:	Sue Wolfe			
Office Address:	253 Oak Street SW			D
	Labelie		, Florida <u>33935</u> (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.

Sue Wolfe (Registered agent Signature)

•	•	•	•		

. .

Title or Capacity:		Name and Address:	Title or Capacity:		Name and Address:
Manager	Name:	Andrew Plisco	Manager	Name:	Norman Happ
	Address: _	375 Brentwood Dr NE	Member	Address: _	25881 Estacada Drive
□Authorized		Atlanta. GA 30305	Authorized		Los Altos Hills, CA 94022
Person		<u>.</u>	Person		
Other		Other	Other		Other
□Manager	Name:		□Manager	Name:	
□Member	Address: _		□Member	Address: _	<u> </u>
□Authorized		<u> </u>	Authorized		· · · · · · · · · · · · · · · · · · ·
Person		<u>. </u>	Person		SEC 2021
Other		Other	□Other		
□Manager	Name:		□Manager	Name:	30
Member	Address: _		□Member	Address:	
□Authorized			Authorized		
Person			Person	. <u> </u>	
□Other		□Other	Other		Other

.

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]:

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
Andrew	Plisco
	Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERYON, 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 FIRST DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERYON, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2017.



Authentication: 204782539

Date: 11-01-24

Page 1

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SR# 20244108628 You may verify this certificate online at corp.delaware.gov/authver.shtml