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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 : (845)425-0077 Fax Number : (845)818-3588

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

Email	Address:	_		 

## Foreign Limited Liability Company VIVA TIC VII Owner LLC

Certificate of Status	0	
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S. FRANKLIN

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MAY 1 2 2022

From: Vcorp Services, LLC

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

IN COMPTANCE WITH SECTION 6/5,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: VIVA TIC VII Owner LLC (Name of Foreign Limited Liability Company), must include "Limited Liability Company," "L.L.C." or "LLC") (If name enavolable, enter alternate name adopted to the purpose of transacting becomes in Florida. The afternate name must not inde "Limited Lability Company," "LLC," or "FLC," or "FLC," Delaware (I'Li number, if app icable) (Jurisdiction under the law of which foreign limited bability company is organized) (Date first transacted business in Florida if prior to registration.) (See sections 605 6004 & 605 0005, F.S. to determine penalty liability) 2850 Quarry Lake Drive, Suite 140 2850 Quarry Lake Drive, Suite 140 (Mailing Address) (Street Address of Principal Office) Baltimore, MD 21209 Baltimore, MD 21209 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Veorp Services, LLC Name: 1200 South Pine Island Road Office Address. Plantation . Florida 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. Mimi Sanik (Registered agent's signature)

From: Vcorp Services, LLC

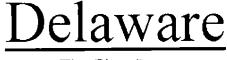
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (5) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
-EManager	Name: VIVA Member LLC	<sup>2</sup> Manager	Name:
□Member	Address: 2859 Quarry Lake Drive	□ Member	Address:
□ Authorized	Suite 140	<b>∑</b> Authorized	Stc. 410
Person	Baltimore, MD 21209	Person	Miami Beach I'L 33139
⊡Other		□Other	Other
□ Manager	Jared Frydman	□Manager	Name:
⊂Meniber	Address: 1674 Meridian Avenue	□ Member	Address:
T. Authorized	Ste. 410	-Authorized	20
Person	Miami Beach Fl. 33139	Person	2022 H.I.Y
□Other	Other	□Other	<del></del>
□Manager	Name:	∏Manager	Name:
□ \1ember	Address:	TMember	Address:
□Authorized		□ Authorized	
Person		Person	
□()ther	()ther	[]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 translation 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 \$.817,155, F.S.

	1 Jm	_
	Significe of or authorized person	
J. Jay Lobell		
	tyroid in montal name of charge	



Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "VIVA TIC VII OWNER 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 FOURTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIVA TIC VII OWNER LLC" WAS FORMED ON THE FOURTEENTH DAY OF APRIL, A.D. 2022.

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

2022 HAY 11 PH 4: 17

eat corn delaware gov/auti

Authentication: 203345193

Date: 05-04-22

6738840 8300 SR# 20221780382