

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

**Certificate of Authority** 

1264274.06

01/19/2023

consent to serve as the registered agent on behalf of the business entity.

Title

ASSISTANT SECRETARY

Date

01/19/2023

Date

mmoore **ADD** 

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 3/1/2023 2:35 PM Fee Receipt: \$90.00

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign Busine	ess Entity)	1 66	Neceipt. \$90.00
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	<ul> <li>030 the undersigned hereby applies f ving statements:</li> </ul>	or authority to transact bu	siness in Kentucky on	behalf of the entity named below
1. The entity is a: profit corporation nonprofit col		rporation	professional limited liability company	
1. The entity is a: profit corporation nonprofit co			statutory trust	
limited partn		ve association	other	
non-profit llc		service corporation		
2. The name of the entity is <u>VDME</u> , <u>L</u>				·
(The	name must be identical to the name	on record with the Secre	tary of State.)	
3. The name of the entity to be used in	Kentucky is (if applicable):			to the blank \
	(Only pro	ovide if "real name" is ur	navailable for use; oth	nerwise, leave blank.)
4. The state or country under whose la				·
5. The date of organization is $09/22/20$	022	and the period of duration	ାଃ (If left blank, duration	is considered perpetual.)
6. The mailing address of the entity's p	rincipal office is		(	
3601 SW 160 AVE, Suite 470		Miramar	FL FL	33027 Zip Code
Street Address		City	State	Zip Code
7. The street address of the entity's reg	gistered office in Kentucky is			40601
306 W. Main Street, Suite 512		Frankfort	KY State	40601 Zip Code
Street Address (No P.O. Box Numbers)		City	State	
and the name of the registered agent a	t that office is <u>C T Corporation Syst</u>	em		,
8. The names and business addresses	s of the entity's representatives (secreta	ry, officers and directors,	managers, trustees or (	general partners):
Yvonne Gonzalez	3601 SW 160 AVE, Suite 470	Miramar	FL	33027
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
and treasurer are licensed in one or mostatement of purposes of the corporation.  10. I certify that, as of the date of filing	all the individual shareholders, not less ore states or territories of the United States.  this application, the above-named entit be a limited liability limited partnership.	y validly exists under the l	aws of the jurisdiction o	
11. If a littliced partite ship, it elects to	oo a mintou nabinty mintou partitioning.	2012007 0000 0		

YVONNE GONZALEZ, Manager

**Printed Name & Title** 

SEAN L. EMERICK

Printed Name

12. If a limited liability company, check box if manager-managed:

13. This application will be effective

Signature of Authorized Representative

C T Corporation System,

C T Corporation System, Type/Print Name of Registered Agent

Signature of Registered Agent

Division of Business Filings

## State of Florida Department of State

I certify from the records of this office that VDME, LLC is a limited liability company organized under the laws of the State of Florida, filed on September 23, 2022, effective September 22, 2022.

The document number of this limited liability company is L22000416618.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022 and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Sixth day of January, 2023



Secretary of State

Tracking Number: 6752901057CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication