



FILED

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EXHIBIT A

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings



Commercial Recordings Division

202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

OFFICE OF THE SECRETARY OF STATE

Certified Copy

May 19, 2017

Job Number: C20170519-1797

Reference Number: 00010641545-86

Expedite:

Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
20050005731-63	Articles of Organization	1 Pages/1 Copies



Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

Barbara K. Cegavske
Secretary of State

Certified By: Jennifer Wilton
Certificate Number: C20170519-1797
You may verify this certificate
online at <http://www.nvsos.gov/>

Commercial Recording Division
202 N. Carson Street
Carson City, Nevada 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138



DEAN HELLER
Secretary of State
206 North Carson Street
Carson City, Nevada 89701-4299
(775) 684 5708
Website: secretaryofstate.biz

Articles of Organization Limited-Liability Company (PURSUANT TO NRS 86)

Filed in the office of

Dean Heller

Dean Heller
Secretary of State
State of Nevada

Document Number

20050005731-63

Filing Date and Time

02/01/2005 10:44 AM

Entity Number

E0009382005-2

Important: Read attached instructions before completing form.

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company:

DesertXpress Enterprises, LLC

2. Resident Agent Name and Street

Name

10816 Iris Canyon Lane Las Vegas, NEVADA 89135

Physical Street Address

City

Zip Code

Additional Mailing Address

City

State

Zip Code

3. Dissolution Date:
(OPTIONAL—see instructions)

Latest date upon which the company is to dissolve (if existence is not perpetual): _____

4. Management:
(check one)

Company shall be managed by Manager(s) OR _____ Members

5. Names Addresses of Manager(s) or Members:
(attach additional pages as necessary)

Name

427 Detroit Street Denver, CO 80206

Address

City

State

Zip Code

Andrew Mack

Name

2857 Paradise Road #2305 Las Vegas, NV 89109

Address

City

State

Zip Code

Name

Address

City

State

Zip Code

6. Names, Addresses and Signatures of Organizers:
(if more than one organizer, please attach additional page)

Scott Langsner

Name

10816 1R15 CANYON LANE, LAS VEGAS, NV 89135

Signature

Address

City

State

Zip Code

7. Certificate of Acceptance of Appointment of Resident Agent:

I hereby accept appointment as Resident Agent for the above named limited-liability company.

Scott Langsner Authorized Signature of R.A. or On Behalf of R.A. Company

Date

2/2/05

**INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE
BUSINESS LICENSE APPLICATION OF:**

DesertXpress Enterprises, LLC

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF February-2019 TO February-2020

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. FORM WILL BE RETURNED IF UNSIGNED.

2. If there are additional managers or managing members, attach a list of them to this form.

3. Return completed form with the fee of \$150.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.

4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.

5. Make your check payable to the Secretary of State.

6. Ordering Copies: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.

7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.

8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ANNUAL LIST FILING FEE: \$150.00 LATE PENALTY: \$75.00 (if filing late)

BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW			NRS 76.020 Exemption Codes	
<input type="checkbox"/> Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: <input type="text"/>			001 - Governmental Entity 006 - NRS 680B.020 Insurance Co.	
NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.				
NAME	MANAGER OR MANAGING MEMBER			
Virgin Trains USA LLC	CITY	STATE	ZIP CODE	
ADDRESS	Miami	FL	33136	
NAME	MANAGER OR MANAGING MEMBER			
ADDRESS	CITY	STATE	ZIP CODE	
NAME	MANAGER OR MANAGING MEMBER			
ADDRESS	CITY	STATE	ZIP CODE	
NAME	MANAGER OR MANAGING MEMBER			
ADDRESS	CITY	STATE	ZIP CODE	

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X 
**Signature of Manager, Managing Member or
Other Authorized Signature**

Title Vice President of Manager

Date 5.22.19

Nevada Secretary of State List
ManorMem
Form: 100403 Revised: 7-1-17



BARBARA K. CEGAVSKA
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov



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Filed in the office of
Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State
State of Nevada

Document Number
20190222381-10

Filing Date and Time
05/23/2019 8:00 AM

Entity Number
E0009382005-2

Statement of Change of Registered Agent by Represented Entity

(PURSUANT TO NRS 77.340)

This form may be submitted by: the Represented Entity to appoint a new Registered Agent or amend own service of process info. For more information please visit <http://www.nvsos.gov/index.aspx?page=141>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Represented Entity:

DesertXpress Enterprises, LLC

2. Entity File Number: E0009382005-2

3. This statement of change will have the following effect: (check only one)

Appoints a new agent for service of process (complete 4a or 4b)
 Updates contact information of the Represented Entity acting as own agent (complete 4c)

4. Information in effect upon the filing of this statement: (complete only one section)

a) Commercial Registered Agent:

CSC SERVICES OF NEVADA, INC.

Name

b) Noncommercial Registered Agent:

Name

Street Address

City

Nevada

Zip Code

Mailing Address (if different from street address)

City

Nevada

Zip Code

c) Title of Office or Other Position within Represented Entity:

Name of Title or Position

Nevada

Zip Code

Street Address

City

Nevada

Zip Code

Mailing Address (if different from street address)

City

5. Signature of Represented Entity: (required)

Kolleen Cobb

*Kolleen Cobb, Vice President
of Manager*

5-22-19

Authorized Signature

Date

6. Registered Agent Acceptance: (required)

I hereby accept appointment as Registered Agent for the above named Entity.

April Miller

April Miller, Asst. Secretary

05/22/2019

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

Date

FEE: \$60.00

This form must be accompanied by appropriate fees



CALIFORNIA
SECRETARY OF STATE



Business
Programs Division

Business Entities, 1500 11th St., 3rd Floor,
Sacramento, CA 95814

Thank You for Doing Business in California

Congratulations on the registration of your limited liability company with the California Secretary of State (SOS). Please see below for important information.

What's next? Required Filings

SOS Statement of Information – Limited liability companies must fill out and file a complete Statement of Information (Form LLC-12) within the first 90 days of registering with the SOS, and every 2 years thereafter before the end of the calendar month of the original registration date.

How can you file your Statement of Information?

- Currently, Statements of Information can be submitted on paper to the SOS through the mail, or submitted in person (drop off) to the Sacramento office. Additional information regarding Statements of Information, including forms, instructions and fees is available at www.sos.ca.gov/business/be/statements.
- Current processing times for Statements of Information may be found at www.sos.ca.gov/business//be/processing-times.
- Limited liability companies may file their Statement of Information using our secure E-File Statement of Information filing service at <https://llcbizfile.sos.ca.gov>.

Franchise Tax Board (FTB) Tax Filing – Once your limited liability company is registered with the SOS, you are required to file a tax return with FTB for each taxable year even if you are not conducting business or have no income. Contact FTB at www.ftb.ca.gov or (800) 852-5711 for forms and requirements concerning franchise taxes or income taxes.

Be aware, if you fail to file a return by the original or extended due date, or fail to pay taxes when due, a penalty may be imposed by FTB. Please visit www.ftb.ca.gov/businesses/Penalty-Information.shtml for tax penalty related information.

Other Business Information and Resources

All business entities are subject to state and federal tax laws. You may wish to contact the following agencies to assist you with these issues:

- Internal Revenue Service – www.irs.gov or call (800) 829-1040 for forms and issues concerning Federal tax, employer identification numbers, subchapter S elections.
- State Board of Equalization – www.boe.ca.gov or call (800) 400-7115 for forms and issues concerning sales taxes or use taxes.
- Employment Development Department – www.edd.ca.gov or call (800) 300-5616 for forms and issues concerning employment and payroll taxes.
- CalGold – www.calgold.ca.gov for appropriate permit, licensing, and contact information for the various agencies that administer and issue these permits.
- SOS Business Resources – www.sos.ca.gov/business/be/resources for a list of agencies you may need to contact to ensure proper compliance with California state law.
- CA Governor's Office of Business and Economic Development (Go-Biz) – www.business.ca.gov for a range of business services including, site selection and permit assistance.
- The California Business Incentives Gateway (CBIG) – <https://cbig.ca.gov> is a web portal that connects business owners and entrepreneurs with financial incentives.

State of California
Secretary of State

CERTIFICATE OF REGISTRATION

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

That on the **6th** day of **SEPTEMBER, 2019**, **DESERTXPRESS ENTERPRISES, LLC**, complied with the requirements of California law in effect on that date for the purpose of registering to transact intrastate business in the State of California; and further purports to be a limited liability company organized and existing under the laws of **NEVADA** as **DESERTXPRESS ENTERPRISES, LLC** and that as of said date said limited liability company became and now is duly registered and authorized to transact intrastate business in the State of California, subject, however, to any licensing requirements otherwise imposed by the laws of this State.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
September 9, 2019.



ALEX PADILLA
Secretary of State

VRF



Secretary of State **LLC-5**
Application to Register a Foreign Limited
Liability Company (LLC)

201924910558

FILED Dyy

Secretary of State
State of California *AP*

SEP 06 2019

1cc

This Space For Office Use Only

IMPORTANT — Read Instructions before completing this form.

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed. See Instructions.

Filing Fee — \$70.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00

Note: Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov>.

1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)

DesertXpress Enterprises, LLC

1b. California Alternate Name, If Required (See Instructions — Only enter an alternate name if the LLC name in 1a not available in California.)

2. LLC History (See Instructions — Ensure that the formation date and jurisdiction match the attached Certificate of Good Standing.)

a. Date LLC was formed in home jurisdiction (MM/DD/YYYY)	b. Jurisdiction (State, foreign country or place where this LLC is formed.)
02 / 01 / 2005	Nevada

c. Authority Statement (Do not alter Authority Statement)

This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2b.

3. Business Addresses (Enter the complete business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

a. Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
6700 Via Austi Parkway, Suite B	Las Vegas	NV	89119
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code
700 NW 1st Avenue, Suite 1620	Miami	FL	33136

4. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete Items 4a and 4b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code

CORPORATION — Complete Item 4c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 4a or 4b

Corporation Service Company Which Will Do Business In California As CSC-Lawyers

Incorporating Service

5. Read and Sign Below (See Instructions. Title not required.)

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign on behalf of the foreign LLC.

DesertXpress Enterprises, LLC

By:

SPC676

Signature

Kolleen Cobb, Vice President

Type or Print Name

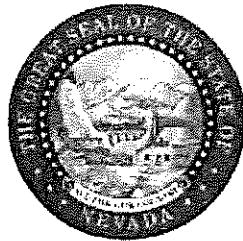
SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DESERTXPRESS ENTERPRISES, LLC**, as a **DOMESTIC LIMITED-LIABILITY COMPANY** (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 02/01/2005, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/05/2019.

A handwritten signature of Barbara K. Cegavske.

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20190805136272

You may verify this certificate
online at <http://www.nvsos.gov>

201924910558



I hereby certify that the foregoing
transcript of 2 page(s)
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office.

SEP 09 2019 *AF*

Date: _____

Alex Padilla
ALEX PADILLA, Secretary of State