Florida Department of State Oivision of Corporation Hectonic Bling Clyer Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

FLORIDA/FOREIGN LP/LLLP VWA Ventures 001, LLLP

Certificate of Status	1
Certified Copy	0
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CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP FOR

VWA VENTURES 001, LLLP

July 1, 2021

- 1. The name of the limited liability limited partnership is VWA Ventures 001, LLLP (the "Limited Liability Limited Partnership").
- 2. The street address of the initial designated office of the Limited Liability Limited Partnership is 469 Ena Road, Suite 708, Honolulu, H1 96815.
- 3. The name of the registered agent for service of process shall be Corporate Creations Network Inc. (the "Registered Agent").
- 4. The Florida address for the Registered Agent is 801 US Highway 1, North Palm Beach, FL 33408.
- 5. The undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relative to the proper and complete performance of registered agent duties, and is familiar with and accepts the obligations of position as registered agent.

Corporate Creations Network Inc.

By: J WW Name: Lauren Underwood

Title: Special Secretary

- 6. The mailing address of the initial designated office of the Limited Liability Limited Partnership is 469 Ena Road, Suite 708, Honolulu, H1 96815.
- 7. The limited partnership elects to be a limited liability limited partnership.
- 8. The name and business address of the general partner is VWA Ventures Manager, LLC, a Florida limited liability company, located at 469 Ena Road, Suite 708, Honolulu, HI 96815.
- 9. The effective date of the Limited Liability Limited Partnership is the date of filing with the Secretary of State of the State of Florida.

[Signature Page Follows]

IN WITNESS WHEREOF, the undersigned has executed this Certificate as of the date first above written.

GENERAL PARTNER:

VWA VENTURES MANAGER, LLC

Title: Authorized Person

(The above signatory submits this document and affirms that the facts stated herein are true and confirms that the above signatory is 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, Florida Statutes.)