7/30/2021

Division of Corporations



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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 Phone : (845)818-3588 Fax Number

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

Email Address: statenotices@vcorpservices.com

## FLORIDA/FOREIGN LP/LLLP

## Hypersphere Capital Holdings LP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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Help

~ 0 3 707

To: 18506176383

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP, TO TRANSACT BUSINESS IN FLORIDA

Acceptable Limited Partnership suffixes: Limited F	ed Linbility Limited Partnership, which must include suffix) Partnership, Limited, L.P., LP, or Ltd. iffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
If name unavailable, name under which the limited business	d partnership or limited liability limited partnership proposes to register to transact in Florida; must contain acceptable suffix.
2 Delaware	3. June 18, 2020
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number. 85-1	566630
5. Name of Registered Agent for Service of Proce	
Veorp Services, LLC	
5011 South State Road 7, Suite 106	
Davie, FL 33314	<del></del>
of all statutes relative to the proper and complete my position as registered agent.	gent and agree to act in this capacity. I further agree to comply with the provisions to performance of my duties, and I am familiar with and accept the obligations of  Miriam Nachison, Assistant Secretary  Signature of Registered Agent
7. Principal Office:	8. Mailing Address:
1111 Lincoln Rd. Suite 500	1111 Lincoln Rd, Suite 500
Miami Beach, FL 33139	Miami Beach, FL 33139
9. If limited partnership is a limited liability lim	<u> </u>
10. Name, principal office address, and mailing	<b>.</b>
Name of General Partner: Hypersphere Capital	LLC Name of General Partner:
Street Address: 1111 Lincoln Rd, Suite 500	Street Address:
Miami Beach, FL 33139	
Mailing Address:	Mailing Address:
Miami Beach, FL 33139	
Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

Page 1 of 2

Page: 3 of 4

Name of Gent	nal Partner:	Name of General Partner:
Street Address	s:	Street Address:
Mailing Addn	uss:	Mailing Address:
Effective date car fore: If the date i locument's effect	nserted in this block does not meet the ive date on the Department of State's n certificate of existence duly authenticate nt of State, by the Secretary of State or	after the date this document is filed by the Florida Department of State) applicable statutory filing requirements, this date will not be listed as the
	day of July	nature of a general partner
The individual signification	gning this document affirms that the fac- cument to the Department of State con-	stated herein are true and the individual is aware that false information litutes a third degree felony as provided for in \$.817.155, F.S.
	Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52,50 \$8,75

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## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HYPERSPHERE CAPITAL HOLDINGS LP" 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 TWENTY-EIGHTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HYPERSPHERE CAPITAL HOLDINGS LP" WAS FORMED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2020.

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

at corp delaware gov/auth

Authentication: 203780012

Date: 07-28-21