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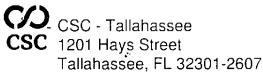
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APPROVED AND FILED

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850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 05/12/25 Order #: 1995854-2

Re: Access Capital Management LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

120000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section Division of Corporations	
Access Capital Management LLC SUBJECT:	
Name of	Limited Liability Company
	npany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the	e following:
Ronald Scheinberg	
	Name of Person
Access Capital Management LLC	
1	Firm/Company
515 East Las Olas Blvd., Suite 920	
	Address
Fort Luaderdale, FL 33301	
City/:	State and Zip Code
ronald@accessinvestments.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please call:	
Ronald Scheinberg	917 3402051
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR S125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & Certificate of St	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUITS, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flori	da The alternate i	name must include "Limited Liab	ility Company," "L	L C," or "LLC
Del		99-3	261837		
(Jurisdiction under the law of v	which foreign limited liability company is organized)	3	(FEI number	, if applicable)	
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	istration.) penalty liability)			
515 East Las Olas E	3lvd., Suite 920	same			
treet Address of Principal Office)		6	Mailing Address)		
Fort Lauderdale, FL	33301				
					
	<u>.</u>				<u> </u>
. Name and street addre	ss of Florida registered agent: (P.O. Box 1	<u>NOT</u> accepta	ıble)		F1 025 MAY 1
	Corporation Service Company				ACKU TILED
Name:			-		_
Name: Office Address:	1201 Hays Street				- ნ: აც
			. 32301 , Florida		<u>ద</u> .
	1201 Hays Street		. 32301 . Florida		<u>ద</u> .

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 (6) total]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Ronald Scheinberg Name: Jonathan Cauff □Manager □Manager 515 East Las Olas Blvd. 515 East Las Olas Blvd. □Member □Member Fort Luaderdale, FL 33301 Fort Lauderdale, FL 33301 Authorized • Authorized Person Person Other___ □Other_____ □Other □Other Name: John Nozell □Manager □Manager Name: Address: 515 East Las Olas Blvd. ☐ Member □Member Address: ____ Fort Lauderdale, FL 33301 Authorized ☐ Authorized Person Person □Other_ □Other □Other_____ □Other □Manager Name: □Manager Name: _____ Address: □Member □Member Address: ☐ Authorized ☐ Authorized Person Person □Other _____ □Other___ □Other_ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 translator 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 s.817.155. F.S. Signature of an authorized person

Ronald Scheinberg

Page 1

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "ACCESS CAPITAL MANAGEMENT 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 NINTH DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACCESS CAPITAL MANAGEMENT LLC" WAS FORMED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2022.

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

Charuni Patibanda-Sanchez, Secretary of State

C. G. Sancher

Authentication: 203660197

Date: 05-09-25