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S. FRANKLIN APR 28 co.

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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	11-11 GROWTH FUND GP, LLC			
50150		me of Limited Liability Company	_	
		y Company for Authorization to Transact Business in Florid e referenced foreign limited liability company to transact bu		
Please r	eturn all correspondence concerning this matter	to the following:		
	Kavitha Palani			
	· · · · · · · · · · · · · · · · · · ·	Name of Person	<del></del>	
		Firm/Company	<del></del>	
	1000 Biscayne Blvd,Unit 2401			
		Address	_	
	Miami Florida 33132			
	City/State and Zip Code			
	kavitha@11-11i.com		20,	
	E-mail address: (to	be used for future annual report notification)		
For furt	her information concerning this matter, please c	call:	2021 APR 26	
	Kavitha Palani	404 2744413 at ( )	6 PH	
	Name of Contact Person	Area Code Daytime Telephone Number	<u> </u>	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section	20	
		Division of Corporations		
		The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE	EPARTMENT OF STATE Fee &  S155.00 Filing Fee &  S160.00 Filing Fe	ee, Certificate Certified Copy	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. 11-11 GROWTH FUN (Name of Foreign	D GP , LLC Limited Liability Company; must include "Limit	ed Liability Co	npany," "L.L.C.," or "LLC.")		
11-11 GROWTH FUND	GP(DE) , LLC				
If name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida. The altern	nate name must include "Limited Liabili	ty Company," "L.L.C," or "LLC.")	
Delaware 2.		82 3.	-3871182		
(Jurisdiction under the law of which foreign limited liability company is organized)		ے	(FEI number, if applicable)		
06/10/2021 4.					
7·	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	o registration.) mine penalty liabil	lity)	_	
800 Brickell ave, 4th floor 5.		800 6.	Brickell ave, 4th floor		
(Street Address of Principal Office)		0	(Mailing Address)		
Miami FL 33131		Mia	ımi FL 33131		
				<del></del>	
		****		1100	
<ol> <li>Name and street address</li> <li>Name:</li> </ol>	ss of Florida registered agent: (P.O. Bo Kavitha Palani	x <u>NOT</u> acce	ptable)	1022 NPR 2052 RPM 26	
Office Address:	1000 Biscayne Blvd, Unit 2401		_	FL. 29H 7	
	Miami		33132 . Florida	1: 20	
	(City)		(Zip code)	<del></del>	
designated in this applicate to comply with the provise		as registered er and compl	l agent and agree to act in t	his capacity. I further agr	

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: \_\_\_ Name: Arul Murugan **⊠**Manager **⊠** Manager 1000 Biscayne Blvd Address: \_ 1000 Biscayne Blvd Address: ' Member **⊠**Member Unit 2401, Miami Florida 33132 Unit 2401, Miami Florida 33132 **⊠** Authorized **⊠** Authorized Person Person □Other \_\_\_\_\_ □Other\_\_\_\_ Other □ Other\_\_\_\_\_ □Manager Name: ☐ Manager Name: □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person Other\_\_\_\_\_ Other □ Other □Manager Name: □Manager Name: ☐ Member Address: 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 progree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Kavitha Palani



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

DELAWARE, DO HEREBY CERTIFY "11-11 GROWTH FUND GP, 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 TWENTY-NINTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "11-11 GROWTH FUND GP, LLC" WAS FORMED ON THE THIRD DAY OF JANUARY, A.D. 2018.

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

2022 APR 26 PM 1: Co



Authentication: 203041835

Date: 03-29-22

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