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To:

Division of Corporations

Fax Number : (850)617-6383

From:

<u>ب</u> ند

2022 SF

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Fmail:	Address:		
C11101 T T	MUUI CSS.		

FLORIDA/FOREIGN LP/LLLP

Galois Capital Ventures Fund I LP

Certificate of Status	0
Certified Copy	l
Page Count	03
Estimated Charge	\$1,052.50

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX

SEP 23 2022

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

Galois Capital Vent	ures Fund I LP						
Acceptable Limited P	mited Partnership or Limited Lia artnership suffixes: Limited Parine ability Limited Parinership suffixes	rship, Limi	ted, L.P., LP, or Ltd.				
If name unavailable.	name under which the limited partr		imited liability limited partners ontain acceptable suffix.	hip propos	es to re	gister to	transact
, DE			. 9/1/2022				
~ ·	te or Country of Formation		3 Date of Fore	nation			
4. Federal Employer	Identification Number:						
5. Name of Registere Keren Zhou	d Agent for Service of Process an	d Florida (Street Address:				
777 Brickell Ave., Su	ite 500						
Miami, FL 33131							
6. Thereby accept the of all statutes relating my position as regi-	Kenne Fler	ormance of	my duties, and I am familiar w	agree to co with and ac	ouply w. cept the	ith the p obliga	provisions tions of
	Signa	ture of Re	gistered Agent				
7. Principal Office:			illing Address:				
777 Brickell Ave., Su	ite 500	7771	Brickell Ave., Suite 500	VIE.	-	~3	
Miami, FL 33131		Mian	ni. FL 33131		-	2022	
					<u>-</u>	SEP	
9. If limited partner	ship is a limited liability limited p	artnership	, check box.			22	FILED
10. Name, principal	office address, and mailing addre		general partner:		· `	三つ	
Name of General	Partner: Galois Capital Ventures I C	il' LLC	Name of General Partner:		<u> </u>		_
Street Address:	777 Brickell Ave., Suite 500		Street Address:		<u> </u>	ယ 	
	Miami, FL 33131					_	
Mailing Address:							
Name of General	Partner:						

Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Note: If the date inserted in this bedocument's effective date on the 12. Attached is a certificate of ex-	date of filing:
Ť	day of September .20 22
	Signature of a general partner
the individual signing this document to the D	t affirms that the facts stated herein are true and the individual is aware that false information rtment of State constitutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Page 2 of 2

\$52,50

\$8.75

Certified Copy (optional): Certificate of Status (optional):

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GALOIS CAPITAL VENTURES FUND I 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-FIRST DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GALOIS CAPITAL VENTURES FUND I LP" WAS FORMED ON THE FIRST DAY OF SEPTEMBER, A.D. 2022.

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

a at coro delaware sov/auth

Authentication: 204451806

Date: 09-21-22