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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

то:	Registration Section Division of Corporations			
SHRI	ECT: Mondeum Financial Holdings.	Inc.		
17013	Name of	f corporation - 1	nust include suffix	
Dear S	ir or Madam:			
"Certif	iclosed "Application by Foreign Corficate of Existence," or "Certificate of referenced foreign corporation to tra	of Good Standir	ig" and check are subm	
Please	return all correspondence concernin	g this matter to	the following:	
Teresa	Koziara			
		Name of Per	'son	
Tucker	Ellis, LLP			
		Firm/Compa	ny	
233 S.	Wacker Drive, Ste 6950			
		Address	· •·	
Chicag	o. IL 60606			
		City/State and	Zip code	
mmilar	ni@mondeumfinancial.com			
	E-mail address:	(to be used for	future annual report no	tification)
For fur	ther information concerning this ma	tter, please call	:	
Teresa	Name of Person at (312) 2569412 Area Code Daytime Telephone Number			
	Name of Person	Area Code	Daytime Telepho	one Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	:	MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Please r	ned is a check for the following amount make check payable to: FLORIDA DEL 1.00 Filing Fee	PARTMENT O	F STATE 78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)
Delaware	3	83-1465444	
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	licable)
July 26, 2018	5.		
(Date of incorporation) 5.		(Date of duration, if other th	nan perpetual)
August 1, 2021			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability	y)
999 Brickell Ave	nue, Suite 900, Miami, FL 33131		
	(Principal offi	ce street address)	
	(Current mailir	ng address, if different)	
			¬
Name and street	et address of Florida registered agent: (P.C). Box NOT acceptable)	2022 SEC 7
	C T Corporation System		FEB CRUTALIA
Name:			B 24 TARY A SSE
	1200 South Pine Island Road		U. , I
		22224	
	Plantation	, Florida 33324	
	Diseasing	, Florida 33324 (Zip code)	
fice Address:	Plantation	, Florida	7-1
fice Address: Registered ag	Plantation (City) ent's acceptance: led as registered agent and to accept servi	(Zip code)	PH 00 PH 00 Corporation at the p
fice Address: Registered agwing been namesignated in this	Plantation (City) ent's acceptance:	(Zip code) (Zip code) (Ce of process for the above stated ment as registered agent and agree	Corporation at the performance of the performance o
Name: ffice Address:	Plantation	, Florida	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS								
□Chairman	Name:	□ Chairman	Name: Rory Ellis					
□Vice Chairman	Address: 999 Brickell Avenue, Suite 900	□Vice Chairman	Address: 999 Brickell Avenue, Suite 900					
Director	Miami, FL 33131	Director	Miami, FL 33131					
President		□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	□Secretary	□Treasurer					
Other	□Other	□Other	□Other					
□ Chairman	Michael Milani Name:	□ Chairman	Name:					
□Vice Chairman	999 Brickell Avenue, Suite 900 Address:	□Vice Chairman	999 Brickell Avenue, Suite 900					
■Director	Miami, FL 33131	□Director	Miami, FL 33131					
□President		□President						
□Vice President		□Vice President						
Secretary	□Treasurer	□Secretary	□Treasurer					
■Other CEO		■Other CFO	□Other					
		_						
☐ Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer					
Other	Other	Other	Other					
	Jse an attachment to report more than six (6). The atta added to the index when filing your Florida Departme							
	Signature of Director of	or Officer						
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.								

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

DELAWARE, DO HEREBY CERTIFY "MONDEUM FINANCIAL HOLDINGS, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF FEBRUARY,

A.D. 2022.

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

Authentication: 202680906

Date: 02-16-22

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SR# 20220547018