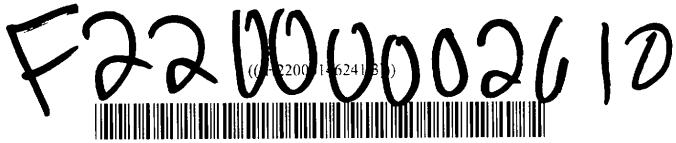
From: CNL Fax

DocuSign Envelope ID: FF4625FB-D9AD-4DD7-B0C2-AA4A1F93D2D8



2022-04-26 16:06:03 EDT

H220001462413ABCVV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

from:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 : (407)650-1552 Phone

: (407)540-2699 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: \_\_sandra.scott@cnl.com

## FOREIGN PROFIT/NONPROFIT CORPORATION

Vektek Strategic Capital B, Inc.

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$87.50 |

Electronic Filing Menu Corporate Filing Menu

<u>Help</u>

S. FRANKLIN

APR 2 7 2022

DocuSign Envelope ID: FF4625FB-D9AD-4DD7-B0C2-AA4A1F93D2DB

H220001462413

## 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. Vektek Strategic Capital B, Inc. (Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) 04/18/2022 (Date of duration, if other than perpetual) (Date of incorporation) Upon qualification (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 450 So. Orange Avenue, Orlando, FL 32801 (Principal office street address) PO Box 4920, Orlando, FL 32802 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Ryan Furman Name: 450 So. Orange Avenue Office Address:

## 9. Registered agent's acceptance:

Orlando

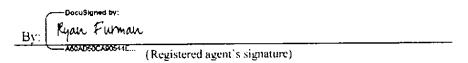
(City)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

32801

(Zip code)

FL



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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

## DocuSign Envelope ID; FF4625FB-D9AD-4DD7-B0C2-AA4A1F93D2D8

To: +18506176383 . .

| A. DIRECTORS   |  |                       |   |  |                |
|--|--|-----------------------|---|--|----------------|
| □Chairman  | Name: Chirag J. Bhavsar  | □Chairman             | Name:                                     |  |                |
| □ Vice Chairman  | Address:   | □Vice Chairman        | Address:                                  |  |                |
| Director   | Orlando, FL 32801  | □Director             |   |  |                |
| □President   |  | □Presidem             |   |  |                |
| □ Vice President   |  | □ Vice President      |   |  |                |
| □Secretary   | (i) Treasurer  | Discretary            |   | ∃Treasurer   |                |
| ☑Other   | Other  | □Other                | <u></u>                                   | □Other   |                |
| □ Chairman   | Name:  | □Chairman             | Name:                                     |  |                |
| □ Vice Chairman  | 450 So. Orange Avenue Address:   | □ Vice Chairman       | Address:                                  |  |                |
| □Director  | Orlando, FL 32801  | □Director             |   |  |                |
| □President   |  | □President            |   |  |                |
| □Vice President  |  | □Vice President       |   | ~  |                |
| □Secretary   | ■Treasurer   | □Secretary            |   | 7022 A   |                |
| Other CFO  | Other  | DOther                |   | 30 APR   | <u>:</u> :     |
| □Chairman  | Tracey B, Bracco   | □Chairman             | Name:                                     | 6 PH   | <u> </u>       |
| □ Vice Chairman  | 450 So. Orange Avenue  | □Vice Chairman        |   | <del></del> 1  | لام پر .<br>—— |
| □ Director   | Orlando, FL 32801  | □ Director            |   | <u> </u>   |                |
| □ President  |  | DPresident            |   |  |                |
| ☐ Vice President   |  | □ Vice President      | <del></del>                               | · · · · · · · · · · · · · · · · · · ·                    |                |
| ☐ Secretary  | □Treasurer   | DSccretary            |   | Threasurer   |                |
| □Other   | □Other   | □Other                |   | □Other   |                |
| Important Notice:<br>individuals may h                         | Use an attachment to report more than six (6). The attaction to the index when filing your Florida Department of the control of the index when the control of the control o | nt of State Annual R  | ed for reporting p<br>eport form.         |  | d<br>          |
| OC50370378   | Tipton.  Signature of Director o   | r Officer             |   |  |                |
| The officer or dire<br>she is aware that it<br>s.817.155, F.S. | ector signing this document (and who is listed in number<br>false information submitted in a document to the Depart  | r 11 above) affirms t | hat the facts state<br>utes a third degre | d herein are true and that the felony as provided for it | he or<br>n     |

From: CNL Fax

DocuSign Envelope ID: FF4625FB-D9AD-4DD7-B0C2-AA4A1F93D2D8

Page: 5 of 5

H220001462413

14075402699



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VEKTEK STRATEGIC CAPITAL B, 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 NINETEENTH DAY OF APRIL, A.D. 2022.

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



6741195 8300 SR# 20221511632

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203209735

Date: 04-19-22