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RECEIVED 2022 MAY 31 PM 12: 02 DIVISION OF COMPORATIONS TALLAHASSEE, FLORITONS

S. ROBERTS MAY 3 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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.

	orporation; must include "INCORPORATED,	" "COMPANY." "CORPORATION."	
	orp," "Inc," "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flor	rida)
Cayman Islands	•	•	•
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
April 21, 2022			
· (Date	of incorporation)	(Date of duration, if other than perpetual)	
June 14, 2022			
	(SEE SECTIONS 607.1501 & 607.1:	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
5935 NE 6th Cou	rt, Miami, FL 33137		
	(Principal off	ice street address)	
			
-	(Current mailir	ng address, if different)	
		ng address, if different) D. Box NOT acceptable)	-
. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	<u> </u>
	Corporation Service Company	<u></u>	· ·
Name:			
	1201 Hays Street		ج ب
	Tallahassee	D. Box NOT acceptable) Florida 32301	411 9:09
		Florida 32301 (Zip code)	4 9: 09
Office Address:	Tallahassee (City)	Florida	4 9:09
Office Address:	Tallahassee (City) ent's acceptance:	Florida	
Office Address: Office	Tallahassee (City) ent's acceptance: red as registered agent and to accept servi application, I hereby accept the appointn	. Florida 32301 (Zip code) ice of process for the above stated corporation at ment as registered agent and agree to act in this	the place
Office Address: Office	Tallahassee (City) ent's acceptance: red as registered agent and to accept servi application, I hereby accept the appointnomply with the provisions of all statutes r	. Florida 32301 (Zip code) ice of process for the above stated corporation at nent as registered agent and agree to act in this relative to the proper and complete performance	the place
Office Address: O. Registered age Having been nam Jesignated in this Turther agree to co	Tallahassee (City) ent's acceptance: red as registered agent and to accept servic application, I hereby accept the appointnomply with the provisions of all statutes rewith and accept the obligations of my po-	. Florida 32301 (Zip code) ice of process for the above stated corporation at nent as registered agent and agree to act in this relative to the proper and complete performance	the place
Office Address: Office	Tallahassee (City) ent's acceptance: red as registered agent and to accept servi application, I hereby accept the appoints omply with the provisions of all statutes r with and accept the obligations of my po	. Florida 32301 (Zip code) ice of process for the above stated corporation at nent as registered agent and agree to act in this relative to the proper and complete performance	the place

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 Nicolas Berardi Name: □ Chairman Name: 2525 SW 3rd Ave., Apt. 704 □Vice Chairman Address: □Vice Chairman Address: Miami, Florida 33129 □ Director Director □ President ☐ President ☐Vice President □ Vice President ☐ Treesurer ☐ Secretary ☐ Treasurer ☐ Secretary □ Other _____ □Other ___ □Other_____ □Other ___ □Chairman Name: ___ Chairman Name: ☐ Vice Chairman Address: ____ □Vice Chairman Address: _____ □ Director Director □President ☐ President □Vice President □Vice President _ ☐ Treasurer ☐ Tressurer ☐ Secretary □ Socretary □Other_____ □Other _____ □ Other _____ □ Other ______ ☐ Chairman Name: Name: ______ Chairman □Vice Chairman Address: _____ □Vice Chairman Address: _____ □ Director □ Director President □ President ☐ Vice President ☐ Vice President _ ☐ Treasurer ☐ Secretary ☐ Treesurer □ Secretary Other ___ □Other _____ □ Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. MAY 24" 2022 Signature of Director 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 sware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in ₽817.155. F.S. Nicolas Berardi, Director (Typed or printed name and capacity of porson signing application)

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IC-389549

Certificate Of Good Standing

TO WHOM IT-MAY CONCERN

I DO HEREBY CERTIFY that

Animo Ventures II. G.P.

a company duly organised and existing under and by virtue of the Acts of The Cayman Islands is at the date of this certificate in Good Standing with the office, and duly authorised to exercise therein all the powers vested in the company.



Given under my hand and Seal at George Town in the Island of Grand Cayman this 11th day of May Two Thousand Twenty-Two

An Authorised Officer, Registry of Companies, Cayman Islands.

> Authorsation Code : 541020785286 www.venfy.gov.ky 11 May 2022