MACEONAS

| (Requestor's Name) |
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| (Address) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | | ation Section n of Corporation | s | | | | |
|--------------------|---------------------------------|--|---|---|--|---|--|
| SUBJE | | st Ventures VII G | P, LLC | | | | |
| CACADARE | | | Name of L | imited Liability C | ompany | | |
| The en- Exister | closed "A nce, and cl | pplication by For heck are submitted | eign Limited Liability Comp d to register the above refere | any for Authoriza need foreign limit | tion to Tra ed liability | insact Business in F company to transa | lorida," Certificate o ct business in Florida |
| Please | return all | correspondence c | oncerning this matter to the | following: | | | |
| | | Douglas Cherto | k | | | | |
| | | | Na | me of Person | | | |
| | | Vast Ventures ? | Management ELC | | | SECRE FAR TALLAHASS | |
| | | | Fit | m/Company | | RETARY AHASSI | |
| | | 4250 Galt Ocea | n Drive, Suite 10H | | | ر با ا | a-r |
| | | | | Address | , | F. C. | |
| | | Fort Lauderdak | Florida 33308 | | | STATE | |
| | | | City/St | ate and Zip Code | | D | |
| | | chui@cooley.con | n | | | | |
| | • | | E-mail address: (to be used | for future annual | report not | ification) | |
| For fur | ther infor | mation concerning | g this matter, please call; | | | | |
| | Cathy 1 | Bui | | 206 _at (| 452-87 | | |
| | | Name o | f Contact Person | Area Code | Day | time Telephone Nu | mber |
| | Division Registra P.O. Bo | NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314 | | | Division of Registrati Clifton B 2661 Exe | CADDRESS: of Corporations ion Section uilding ecutive Center Circle ee, FL 32301 | e |
| Enclos | | eck for the follow .00 Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | ■ \$155.00 Filin Certified Copy | g Fee & | ☐ \$160.00 Filing of Status & Certif | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2019

COGENCYGLOBAL,

SUBJECT: VAST VENTURES VII GP, LLC

Ref. Number: W19000046549

We have received your document for VAST VENTURES VII GP, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Yvette Scott Document Specialist II

Letter Number: 219A00009575

www.sunbiz.org

DO DOY COOK



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Date: | 05/10/2019 | | | | | |
|--------------|--------------------|--------------|------------------------|----------------------------------|-------------|--|
| Name: | Joy Wea | aver | | | | |
| Reference | . #:108 | 0828 | | | | |
| | | VAST VENTU | IRES VII GP, LLC | | | |
| | | | o Transact Business | | | |
| Am | endment | | | SEC | 2019 | |
| Cha | ange of Agent | | | RETAF AHAS | 2019 MAY 10 | |
| ☐ Rei | nstatement | | | TARY OF STATE IASSEE, FLORIDA | 0 P! | |
| ☐ Cor | nversion | | | STAI | PH 4: 42 | |
| ☐ Mei | rger | | | ŒΑ | ₹5 | |
| ☐ Dis | solution/Withdrawa | I | | | | |
| ☐ Fict | titious Name | | | | | |
| ✓ Oth | er | CERTIFIED CO | PY OF FILING EVIDENCE. | | | |
| | | | | | | |
| Authorized | d Amount: | \$155 | | | | |
| Signature: | Allaner | | | | | |

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 HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign | LLC Limited Liability Company, must include "Limit | ed Liability Company," "L1 | L.C ," or "LT.C"; |) |
|---|---|---|---|---|
| name mavailable, enter alternate i | name adopted for the purpose of transacting business in Fi | onda. The alternate name must a | nchde "Limited Lia | bility Company," "L.L.C," or "LLC" |
| Delaware | | 3 | | |
| (Jurisdiction under the law of w | high foreign limited hability company is organized) | · | (FEI mum | ber, if applicable) |
| 12/1/2017 | | **** | | |
| | (Date first transacted business in Florida, if pitor to (See sections 605,0904 & 605,0905, F.S. to determ | one penalty hability) | | |
| 4250 Galt Ocean Driv | e, Suite 10H | 6. <u>4250 Gali Oc</u> | ean Drive, St | ite i |
| | | *** | (Mailing Add | ress) C 3 |
| Fort Lauderdale, Flori | da 33308 | Fort Lauderd | ale, Florida 3 | 3308 |
| | | | | |
| | ss of Florida registered agent: (P.O. Bo: | x <u>NOT</u> acceptable) | | 10 PH 4: 42 ASSEE, FLORIDA |
| Name: | Douglas Chertok | | | RATE E |
| Office Address: | 4250 Galt Ocean Drive, Suite 10H | | | |
| | Fort Lauderdale | Florid | da 33308 | |
| gistered agent's accep | | | (Zip cod | (e) |
| comply with the provis- | tion, I hereby accept the appointment of ions of all statutes relative to the prope s of my position as registered agent. | r and complete perfori | l agree to act mance of my | l liability company at the pin this capacity. I furthed duties, and I am familiar |
| comply with the provis- | ions of all statutes relative to the prope s of my position as registered agent. | r and complete perfor Douglas M. Cluvtol | l agree to act mance of my | in this capacity. I further |
| comply with the provis, d accept the obligation The name, title or cap | ions of all statutes relative to the propers of my position as registered agent. (Registered agent) of the person(s) who have | r and complete perform Supas M. Churles Signatures as/have authority to ma | d agree to act mance of my c | in this capacity. I furthe duties, and I am familiar |
| comply with the provis. d accept the obligation | ions of all statutes relative to the propers of my position as registered agent. (Registered agent's acity and address of the person(s) who have and Address: | r and complete perform Douglas M. Churtol signatures | d agree to act mance of my c | in this capacity. I further |
| comply with the provis, d accept the obligation The name, title or capa | ions of all statutes relative to the propers of my position as registered agent. Regustered agent's acity and address of the person(s) who have and Address: Douglas Chertok | r and complete perform Ouglas M. (luvitor signature) as/have authority to ma Title or Capacit | d agree to act mance of my c | in this capacity. I furthe duties, and I am familiar |
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Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VAST VENTURES VII 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 TENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VAST VENTURES VII GP, LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2013.

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

2019 MAY 10 PM 4: 42
SECRETARY OF STATE
TALLAHASSEE FISHE

Authentication: 202803060

Date: 05-10-19

5444436 8300 SR# 20193757363