Page 1 of 2

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400

Fax Number : (302)645-1280

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

Email Address: tcleary@archerprivateinvestments.com

Foreign Limited Liability Company Archer Investment Holdings Series A-05 LLC

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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

une marzilable, enter alternate ra	THE adopted for the purpose of transacting business in Flo	orida. The alternate o	wine many include "Limited (iability Comp	uπy," "LLC," :	
Delaware			60491			
(Jurisdiction under the law of whi	ch foreign limited liability company is organized?	J	(FEI nun	iber, if applica	ble)	
	(Date first transacted business in Florida, if prior to r (See sections 605,0%)4 & 605,0905, F.S. to determine					
340 Royal Poinciana W	340 R	oyal Poinciana Way	Unit 348			
Address of Principal Office)	(X	(siling Address)		·		
Palm Beuch, FL 33480		Palm l	Beach, FL 33480			,
	of Florida registered agent: (P.O. Box Theodore Cleary	NOT necepta	ble)	**, ** ** ** ** **		_
Name:	340 Royal Poinciana Way Unit 348		•	· . ·	.'•	v
Office Address:	Palm Beach		33480 , Florida	:	•	
	(City)		(Zip code)			

(((H20000263264 3)))

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Theodore Cleary Manager □Manager Name: 340 Royal Poinciana Way Unit **■**Member □Member Address: Palm Beach, FL 33480 ☐ Authorized **D**Authorized Person Person □Other ∃Other_ Other_ □Other____
 □Manager
 Name: _____ □Manager Address: □Member □Member Address: ___ □ Authorized ☐ Authorized Person Person Other_ □Other____ □Other_____ □Other_ ☐Manager Name: □Manager □Member Address: _____ ☐ Member Address: ______ □ Authorized ☐ Authorized Person Person □ Other_____ □Other_____ □Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath. of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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. Signature of an authorized person

Typed or printed name of signes (((H20000263264 3)))

Theodore Cleary

(((H200002632643)))

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ARCHER INVESTMENT HOLDINGS SERIES A-05

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 FIFTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARCHER INVESTMENT HOLDINGS SERIES A-05 LLC" WAS FORMED ON THE EIGHTH DAY OF APRIL, A.D. 2020.

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

5

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Date: 08-05-20

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