Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000049814 3)))



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 : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845) 425-0077

Fax Number : (845)818-3588

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

Email Address:

Foreign Limited Liability Company **EVC Manager LLC**

| Certificate of Status | U |
|-----------------------|---------|
| Certified Copy | Ü |
| Page Count | 02 |
| Estimated Charge | S125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176383

Joseph Melohn

${\bf APPLICATION~BY~FOREIGN~LIMITED~LIABILITY~COMPANY~FOR~AUTHORIZATION~TO~TRANS\'ACT~BUSINESS}$ IN FLORIDA

IN COMPLIANCE WITH SECTION 6/5,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | ame adopted for the perpose of transacting baseless in | Florida. The afternote name must include "Limited Liab | dity Company," "L.L.C." oc "LL.C.") |
|---|--|--|--|
| Delaware | | 3. | er, if applicable) |
| (Jurisdiction under the law of wi | uch foreign limited hability company is organized) | from more | и прислок |
| | | | |
| | (Date Just manuacted business in Donda, if prio (See sections 605.001 & 605.0005, F.S. to det | r to registration.) ermine penalty liability : | |
| 1111 Lincoln Rd, Ste 5 | 5(8) | 6 1111 Lincoln Rd, Ste 500 | |
| (Stiget Address at F | | (Mailing Addit | |
| Miami Beach, FL 3313 | | Miami Beach, FL 33139 | 7: 0 |
| | | | <u>~~</u> |
| · | | | · 설치 - 교 |
| Name and street addres | is of Florida registered agent: (P.O. B | ox NOT acceptable) | |
| | Expansion Venture Capital LLC | | ب يرت |
| Name: | Expansion veniore Capital CCC. | | |
| Office Address: | 1111 Lincoln Rd, Ste 500 | | <u> </u> |
| | A Charact Domain | 33130 | |
| | Miami Beach (Cov) | , Florida 33139 (Zip ecolo | |
| wing been named as re signated in this applica comply with the provisi | tion. I hereby accept the appointmen | of process for the above stated limited it as registered agent and agree to act over and complete performance of my a | in this capacity. I further ag |
| iving been named as re signated in this applica comply with the provisi | gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prof s of my position as registered agent. | t as registered agent and agree to act over and complete performance of my a | in this capacity. I further ag |
| iving been named as re signated in this applica comply with the provisi | gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the proj | t as registered agent and agree to act over and complete performance of my a | in this capacity. I further ag |
| wing been named as re signated in this applica comply with the provisi d accept the obligation | gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prof s of my position as registered agent. | et as registered agent and agree to act over and complete performance of my a | in this capacity. I further ag |
| wing been named as resignated in this applical comply with the provision discount the obligation. The name, title or capatity: | gistered agent and to accept service of tion, I hereby accept the appointmentions of all statutes relative to the project of my position as registered agent. (Registered agent active and address of the person(s) who Name and Address: | at as registered agent and agree to act to be and complete performance of my act is significant. The has/have puthority to manage is/are: | in this capacity. I further ag luties, and I am familiar with |
| wing been named as resignated in this applical comply with the provision decept the obligation. The name, title or capa | gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Joseph Melohn 1111 Lincoln Rd. Ste 500 | at as registered agent and agree to act to be and complete performance of my act is significant. The has/have puthority to manage is/are: | in this capacity. I further ag luties, and I am familiar with |
| ving been named as re ignated in this applica comply with the provision accept the obligation. The name, title or caparity: | gistered agent and to accept service of tion, I hereby accept the appointmentions of all statutes relative to the project of my position as registered agent. (Registered agent active and address of the person(s) who Name and Address: | at as registered agent and agree to act to be and complete performance of my act is significant. The has/have puthority to manage is/are: | in this capacity. I further ag luties, and I am familiur with |
| ving been named as re ignated in this applica comply with the provisit accept the obligation. The name, title or caparity: | gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Joseph Melohn 1111 Lincoln Rd. Ste 500 | at as registered agent and agree to act to be and complete performance of my act is significant. The has/have puthority to manage is/are: | in this capacity. I further ag luties, and I am familiur with |
| ving been named as reignated in this applicationally with the provision accept the obligation. The name, title or caparity: | gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Joseph Melohn 1111 Lincoln Rd. Ste 500 | at as registered agent and agree to act to be and complete performance of my act is significant. The has/have puthority to manage is/are: | in this capacity. I further ag luties, and I am familiur with |
| ving been named as re ignated in this applica comply with the provision accept the obligation. The name, title or caparity: | gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Joseph Melohn 1111 Lincoln Rd. Ste 500 | at as registered agent and agree to act to be and complete performance of my act is significant. The has/have puthority to manage is/are: | in this capacity. I further ag luties, and I am familiar with |
| ving been named as reignated in this applica comply with the provision decept the obligation. The name, title or cap: Title or Capacity: Manager | gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the project of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Joseph Melohn 1111 Lincoln Rd, Ste 500 Miami Beach, FL 33139 | at as registered agent and agree to act to be and complete performance of my act is significant. The has/have puthority to manage is/are: | in this capacity. I further ag luties, and I am familiur with |
| ring been named as reignated in this applica omply with the provisi accept the obligation. The name, title or cap: Title or Capacity: Manager | gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the project of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Joseph Melohn 1111 Lincoln Rd, Ste 500 Miami Beach, FL 33139 | at as registered agent and agree to act to be and complete performance of my act is significant. The has/have puthority to manage is/are: | in this capacity. I further ag luties, and I am familiur with |
| ving been named as resignated in this applicationally with the provision accept the obligation. The name, title or capatite or Capacity: Manager Attached is a certificate is diction under the law | gistered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the project of my position as registered agent. (Registered agent and address of the person(s) who Name and Address: Joseph Melohn 1111 Lincoln Rd, Ste 500 Miami Beach, FL 33139 stary) of existence, no more than 90 days of which it is organized, (If the certification) and in the certification is acceptable to the appointment of the certification in the certification is acceptable to the appointment of the app | at as registered agent and agree to act to be and complete performance of my act is significant. The has/have puthority to manage is/are: | in this capacity. I further agluties, and I am familiar with Name and Address: ving custody of records in the |
| rying been named as resignated in this applicate comply with the provision of accept the obligation. The name, title or capatity: Manager Attached is a certificate is diction under the law the translator must be seen. This document is executive as a certificate is a certificate is a certificate in the translator must be seen. | gistered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the project of my position as registered agent. (Registered agent and address of the person(s) who Name and Address: Joseph Melohn 1111 Lincoln Rd, Ste 500 Miami Beach, FL 33139 sary) of existence, no more than 90 days of which it is organized, (If the certification in accordance with section 605.00 mixed in accordance with 605.00 mixed in accordance with 605.00 mixed i | or as registered agent and agree to act over and complete performance of my desires signature) o has/have authority to manage is/are: Title or Capacity: | in this capacity. I further agluties, and I am familiar with Name and Address: ving custody of records in the ion of the certificate under oale that any false information |

Typed or printed name of signer-

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EVC MANAGER 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 FOURTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EVC MANAGER LLC" WAS FORMED ON THE THIRTEENTH DAY OF APRIL, A.D. 2015.

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



5727491 8300

Authentication: 202442998

Date: 02-04-21