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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

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## Foreign Limited Liability Company **BOLT INVESTMENT HOLDINGS, LLC**

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## **COVER LETTER**

19		COVER LETTER *			
	istration Section sion of Corporations				
SUBJECT:	Bolt Investment Holdings, LLC				
SOBJECT:	Name	of Limited Liability Company	ı		
		company for Authorization to Transact Business in Florida, eferenced foreign limited liability company to transact busi			
Please return	all correspondence concerning this matter to	the following:			
	Marty Kennedy, Paralegal				
		Name of Person			
	Perkins Cole LLP				
	Firm/Company				
	3150 Porter Drive				
Address					
	Palo Alto, CA 94304		<b>6-3</b>		
	Ci	ty/State and Zip Code	;		
	MKennedy@perkinscole.com				
	E-mail address: (to be	used for future annual report notification)	- •		
For further in	formation concerning this matter, please call	:			
Mar	rty Kennedy	650 838-4434 at ( )			
	Name of Contact Person	Area Code Daytime Telephone Number	-		
	ling Address: gistration Section	Street Address: Registration Section			
		Division of Corporations			
P.O. Box 6327 The Centre of Tallahassee		The Centre of Tallahassee			
Tal	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEP. 125.00 Filing Fee	& 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee,			

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## 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 LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Bolt Investment Holdings, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, exter alternate name adopted for the purpose of transacting business in Florids. The abstract mane must include "Limited Liability Company," "L.L.C," or "L.L.C," or "L.L.C," Delaware 3 86-2043449 (Jurisdiction under the law of which foreign limited liability company is organized) (FHI number, if applicable) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2901 Florida Avenue, Suite 840 2901 Florida Avenue, Suite 840 (Mailing Address) (Street Address of Principal Office) Miami, FL 33133 Miami, FL 33133 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: 32301 Tallahassee , Florida (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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. Corporation Service Company By:

(Registered agent's signature)

PAGE

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to nanage [up to six (6) total]:				
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
DManager	Name: Sofreh Capital LP	□Manager	Name: Kyle Wood	
		Ū		

minimage.	1101110.			
<b>™</b> Member	Address: 2901 Florida Avenue	□Member	Address: 2901 Florida Avenue	
□Authorized	Suite 840	<b>■</b> Authorized	Suite 840 Miami, Florida 33133	
Person	Miami, Florida 33133	Person		
□Other	Other	□Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		
			te.	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	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.

kyle Wood		
778024AA04044E3		
	Signature of an authorized person	
Kyle Wood		
	Typed or printed pame of signee	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOLT INVESTMENT HOLDINGS, 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 TWELFTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOLT INVESTMENT HOLDINGS, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, A.D. 2021.

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

Authentication: 202505481

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Date: 02-12-21

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