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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number

**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 ET-4 GP LLC

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

Delaware		rida. The ulternate rise		
(Jurisdiction under the law of which loreign hunted hability company is organized)		3	sheable)	
	(Date first transacted business in Florida, if prior to	registration i		
1170KaneConcourse,Suite400		1170	KaneConcourse,Suit	e400
Bay Harbor Islands, FL 33154			(Mailing Address) Harbor Islands, FL 331	4 D3
				報と
ame and street addres	s of Florida registered agent: (P.O. Box	NOT acceptal	ole)	
Name:	CTCorporationSystem			
Office Address:	1200SouthPineIslandRoad			
	Plantation		33324 , Florida	

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.

By:	Father A. Wholow	
	(Remotered agent's supporture)	

C T Corporation System by: Kathryn A. Widdoes Assistant Secretary

OccuSign Envelope ID: 6441E551-BD0E-455E-8E98-F213F1A9BE2C

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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 manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	<u> </u>	Name and Address:
Manager	Name: Jordan Kavana	Manager	Name:	
Member	Address: ET-4 GP LLC	Member	Address:	
Authorized	1170 Kane Concourse, Suite 400	Authorized		
Person	Bay Harbor Islands, FL 33154	Person		
Other_PRESIDI	Other	Other		Other
□Manager	Name:	☐ Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		<u></u>
Other	Other	Other		Other
□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. Non-indexed 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.

Jordan kavana		
	Signature of an authorized person	
Jordan Kavana		
	Funed or printed name of connec	

Delaware The First State

Page 1

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

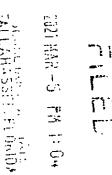
DELAWARE, DO HEREBY CERTIFY "ET-4 GP LLC" IS DULY FORMED UNDER THE

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 THIRD DAY OF MARCH, A.D. 2021.

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





Authentication: 202636867

Date: 03-03-21