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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Number : FCA000000023

Account Name : C T CORPORATION SYSTEM

Phone

: (614)280-3338

Fax Number

: (954)208-0845

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

| Fmail Addi | recc: | | |
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Foreign Limited Liability Company **Yunex LLC**

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$155.00 |

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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 RUSINESS IN THE STATE OF FLORIDA:

| Yunex LLC | | | |
|---|--|----------------------------|--|
| (Name of Foreign I | limited Liability Company; must include "Limited | d Liabilit; | y Company, ""LLC," or "LLC." |
| <u>.</u> _ | | | |
| name unavailable, enter alternate n | ame adopted for the purpose of transacting business in Fl | lorida. The | alternate name must include "Limited Liability Company," "LIEC," or "LLC." |
| | | | 2 |
| Delaware | sich foreign limited liability company is organized) | 3. | 86-2136678 (FFI number, if applicable) |
| lattistiction bilder me in a name | ica fareign minica money company to approve of | | The state of the s |
| | | | Or F |
| Upon Qualification | | | |
| | (Flate first transacted business in Flortila, if prior to (See sections 605,0904 & 605,0905, F.S. to determ | registratus ine penatty | n.) (Till this birty) (Till this birty) |
| 9225 Bee Cave Road . | Building B, Suite 201 | 6. | :9225 Bee Cave Road, Building B, Suite 20 |
| 9225 Bee Cave Road , ceradius or ruseipal crites) | | • | (Mailing Address) |
| | | | |
| Austin, TEXAS 78733 | | | Austin, TX 78733 |
| | | | |
| | | | |
| | | | |
| | | | |
| . Name and street address | s of Florida registered agent: (P.O. Box | x NOT | acceptable) |
| | | | |
| | | | |
| Name: | C T Corporation System | | |
| | | | |
| Office tildenser | 1200 South Pine Island Road | | |
| Office Address: | 1200 South I the Island Road | | |
| | | | m : 1 22224 |
| | Plantation (Gity) | | , Florida <u>33324</u> (Zip code) |
| | (City) | | (4.9) |
| Registered agent's accep | tance: | | |
| Javina hoen named as re | aistered agent and to accept service of | process | s for the above stated limited liability company at the pla |
| leciquated in this applica | tion. I hereby accept the appointment (| as regis | tered agent and agree to act in this capacity. I further a |
| o comply with the provis | ions of all statutes relative to the prope | r and c | omplete performance of my duties, and I am familiar wi |
| ind accept the obligation | s of my position as registered agent. | | • |
| | C T Corporation System | n | |
| | By: | 1-20 | |
| | (Registered ager | s signature |) |
| | Judith Arg | ao, As | sst. Secy. |

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]:

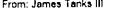
| Title or Capacity: | Name and Address: | Title or Capacity: | | Name and Address: |
|--------------------|-------------------------------------|--------------------|------------|-------------------|
| ⊠Manager | Name: Marc Buncher | □Manager | Name: | |
| Member | Address: One Penn Plaza, Suite 1100 | □Member | Address: | |
| □Authorized | New York, NY 10119 | □Authorized | | |
| Person | | Person | | ~3 |
| Other | Other | □Other | | DOME ZOZI MAR |
| ■Managet | Nume: David Buchfuehrer | □Manager | | 24 T |
| □Member | Address: 9225 Bee Caves Road | □Member | Address: | |
| □Authorized | Building B, Suite 201 | ☐ Authorized | | - |
| Person | Austin, TX 78733 | Person | | |
| 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. 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.

| Signortice of an authorized person |
|------------------------------------|
| Signature of artifulbunioni person |
| |
| David Buchfuehrer |
| Typed or printed name of signor |

6176383





Page 1

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

DELAWARE, DO HEREBY CERTIFY "YUNEX 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 TWENTY-FOURTH DAY OF MARCH, A.D. 2021.

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



Authentication: 202809285

Date: 03-24-21

5140187 8300

SR# 20211023050