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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 Phone

: (845)818-3588 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 Koller Microcap Opportunities GP LLC

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

IN COMPLIANCE WITH SECTION (05.002) FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Koller Microcap Opportunities GP LLC

(Name of Foreign Limited Liability Company; must include "Linned Liability Company," "L.L.C.," or "LLC.," or "LLC.")

same unavailable, exter alternate i	name adopted for the purpose of transacting business in Flor	nda. The alternate name must include "Limited	Liability Company," "L L.C," or "
Deleware  (Jurisdiction under the law of which foreign limited hability company is engantred)		81-4771147	
		3. (FFI inal	nber, if applicable)
N/A			
	(Date first transacted business in Florida, if prior to re (See rections 603 0964 & 605,0905, F.S. to determin	gistration.) c possity lishility)	<del>_</del>
1343 Main Street, Suite 413		1343 Main Street, Suite 41	3
ect Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·	6. (Mailing Acdress)	
Sarasota, Fl. 34236		Sarasota, FL 34236	
			7021 JUN
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	07
Name:	Ross Koller		
.vanie.	1343 Main Street, Suite 413	4v	**)- - -
Office Address:	1545 Main Succe State 415	N TO 2 CO. T. T.	
	Sarasota	34236 , Florida	
	(Cuy)	(Zip onde)	

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.

(fregretered agent's supparture)

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	i	Name and Address:
Manager	Name; Ross Koller	□Manager	Name:	
□Member	Address: 1343 Main Street, Suite 413	□Member	Address:	
□Authorized	Sarasota, FL 34236	☐ Authorized	<del></del>	
Person		Person	<del></del>	
[]Other	[]Other	☐ Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□:Member	Address:	
[]Authorized	in the second se	□Authorized	· <del>-</del>	
Person		Person		
□Other	□Other	□Other		□Other □
				2
∐Manager	Name:	□Manager	Name;	
□Member	Address:	□Member	Address:	
□Authorized		$\square$ Authorized		77. 7
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.

Ros U		
	Signature of an authorized person	
Ross Koller		
	Typed or counted name of surner	

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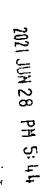
## Delaware The First State

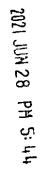
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KOLLER MICROCAP OPPORTUNITIES 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 TWENTY-FIFTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KOLLER MICROCAP OPPORTUNITIES GP LLC" WAS FORMED ON THE TWENTIETH DAY OF DECEMBER, A.D. 2016.

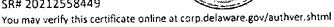
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.







SR# 20212558449



Authentication: 203542302

Date: 06-25-21