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.

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 ; (614)280-3338 Phone 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.**

Email Address:___

Foreign Limited Liability Company Velos Partners Management, LLC

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Certificate of Status	
Certified Copy	
Page Count	04
Estimated Charge	\$155.00

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Page: 3 of 5

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

IN COMPHANCE WITH SECTION (05:00), FLORIDA SECTUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANY TO TRANSACT BUSINESS. IN THE SECTIO OF FLORIDA:

rame unavailable, enter alternate n	t in econiesed guitaneously to seekprop outs wit bullpha anta-	rlenda The c	ilternate name must metude "Camited I rainfity (Company," "L.L.C," ia "L.	ECT E
Delaware, USA		3.			
(littled) then under the law of wh	nch foreign himned hability company is organized)		(Fld number, it so	plicable)	
June 1, 2021					
	(Date that transacted business in Planda, if prior to (See sections 003-0904 & 603-0908, P.S. to detent	s registration nine penalty	l'abitay)	د ۔ء	
5. 9360 SW 59th Avenue		6	382 NE 191st Street	021	,
cel Address of Principal (गर्वेटर)			(Muling Address)		
Pinecrest, FL 33156			PMB 17989	<u> </u>	
			Miami, FL 33179	- PA	
Name and street addres	s of Florida registered agent: (P.O. Bo	v <u>NOT a</u>	acceptable)		n D
· · · · · · · · · · · · · · · · · · ·					
Name.	C T Corporation System				
Office Address:	1200 South Pine Island Road				
	Plantation		33324 , Florida		
	(City)		(/m code)		

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.

CT Corporation System	
Sy Alexance / way	Stephanie Hencz, Assistant Secretary
(Registered syent's	siftire(nic)

Page: 4 of 5

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:
X Manager	Name: Samrat Ganguly	⊒Manager	Name:	
□Member	Address 9360 SW 59th Avenue	□ Member	Address:	
□Authorized	Pinecrest, FL 33156	□ Authorized		
Person		Person		
Other	Other	_Other]Other
∰Manager	Name:	□Manager	Name:	
— □Member	Address:	□ Member		
□Authouzed		☐ Authorized		
Person		Person		2021
Other	□Other.	Other		
				ω , ₁₉₄
∐Manager	Name:	□ Manager	Name:	P 19
□Member	Address:	_Member		
□Authorized		□Authorized		
Person		Person		
□()ther	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.

Somet Hangel	
<u> </u>	Signature of an outherized person
Samrat Ganguly	

Delaware The First State

Page 1

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

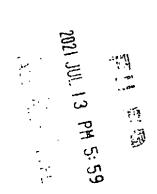
DELAWARE, DO HEREBY CERTIFY "VELOS PARTNERS MANAGEMENT, LLC" IS

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 JULY, A.D. 2021.

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



5282001 8300 SR# 20212684775

- **1**

Authentication: 203654252

Date: 07-12-21