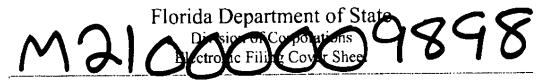
7/30/2021

From: Vcorp Services, LLC

Division of Corporations



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(((H21000290883 3)))



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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 Fax Number : (845)818-3588

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

Email Address: statenotices@vcorpservices.com

## Foreign Limited Liability Company Hypersphere Capital LLC

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

Electronic Filing Menu Corporate Filing Menu

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0 1 7071

To: 18506176383

## 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. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	same adopted for the purpose of transacting business in Flor	ida. The alternate name must melude "Lamitee Lisbility C	ompany." "E U C." or "E		
Delaware		85-1210454			
(Jurisdiction under the law of w	high foreign limited liability company is organized)	3. (EE) number, if ap	plicable;		
N/A					
	(Date first timesacted business in Florida, if prior to re (See sections 605,0901 & 605,0905, F.S. to determine	gistration ) penalty liability)			
1111 Lincoln Rd. Suite 500		1111 Lincoln Rd. Suite 500			
Meet Address of Principal Office)		6. (Mailing Address)	(Mailing Address)		
Miami Beach, FL, 33139		Miami Beach, FL, 33139	Miami Beach, FL, 33139		
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2021 AUG		
	Veorp Services, LLC		2		
Name:	5011 South State Road 7, Suite 106	<del></del>	. 6 HW		
Name: Office Address:	3011 South State Road 7, Suite 100		• • •		
	Davie	33314 , Florida	42		

designated in this application, I hereby accept the appointment as registered agent and agree to act in his 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.

Miriam Nachison, Assistant Secretary

(Registered apent's signature)

From: Vcorp Services, LLC

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons nuthorized to manage [up to six (6] total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
圖Manager	Name: John Platts	□Manager	Name:
[]Member	Address:Rd, Suite 500	.   Member	Address:
□Authorized	Miami Beach, FL 33139	□ Authorized	
Person		Person	
[](Other	U0ther	(DOther	CJOther
EManager	Name:	□Manager	Name:
□Member	Address:	Ll-Hember	Address:
L3Authorized		[]Authorized	
Person		Person	
[]Other	[]Other	<u>130</u> ther	
☐Manager	Name:	□Manager	Name:
□Member .	Address:	□Member	Address:
□ Authorized		. DAuthorized	
Peison		Person	
Other	OOther	√ ☐Other	DOd:er

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 filling 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 take information submitted in a document to the Department of State concernes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

John Platts

Typed or synaled nature of signere.



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HYPERSPHERE CAPITAL 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-EIGHTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HYPERSPHERE CAPITAL LLC" WAS FORMED ON THE FOURTEENTH DAY OF MAY, A.D. 2020.

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

Authentication: 203780031

Date: 07-28-21