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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Protal Edge Patherships UC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Name of Person
Pivotal Edge Part Nerships LLC Pirm/Company
3435 Savanans Trail Address
Merch 151and, FL 32953 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (CoCA) Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE. S125.00 Filing Fee \$ \$130.00 Filing Fee & \$ \$155.00 Filing Fee & \$ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy

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 LIABILITY

	SINESS IN THE STATE OF FLORIDA:			
1. Pivotal Ecto	PC/+1/2/5/1/25 (LC Limited Liability Company: must include "Limited			
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C	2.," or "LLC.")	
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	wida. The alternate name must in	iclode "Eamsted Liability Company," "E.L.C,"	`or "1.1.C ")
2. New Jerry	chichtoreign limited liability company is organized)	3. <u> </u>	- 5330163 (FEI number, if applicable)	
(Jurisdiction under the law of w	thichtoreign limited liability company is organized)		(FEI number, if applicable)	
467.12.	O(2)			
4 <u></u>	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine	egistration.) ne penalty liability)		
700		_		
5. (Can (Street Address of Principal Office)	e Oc	6. (Mailing Addre	Scircinah's To	<u>Cq 1</u>
00 11 1		M	1 1. (1. 2.)	7
MIL CICTERCIA	, AS 08056	116/11	Island, FI 3295.	<u> </u>
		•		-
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	106 -3 PH	— TI
			PH	Ö .
Name:	Christing Gicht		7. TE	
V 1000-		·	58 85	
Office Address:	3435 Savennah	5 Ticul		
	22 VI T. 1		2.5.6-3	
	Merry++ Island	, Florida	(Zip code)	
Registered agent's accep	tance:			
Having been named as re	gistered agent and to accept service of p	rocess for the above st	ated limited liability company a	t the place
to comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the proper	registerea agent and c and complete perform	agree to act in this capacity. The ance of my duties, and I am fan	uriner agree niliar with
and accept the obligations	s of my position as registered agent.			
	$V \searrow$			
	(Registered agent's s	ignature)	- ·	

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: Name: Massing Galif □Manager □Manager Name: ____ Address: 3135 Savannahs ☐Member □Member Address: X Authorized □ Authorized Ment Hary F133453 Person Person □Other_____ □Other____ □Other_____ □Other_____ □Manager Name: _____ □ Manager Name: _____ □ Member Address: □Member Address: □ Authorized □ Authorized Person Person □Other _____ □Other____ □Other_____ □Other____ □Manager Name: ______ Name: □Manager □ Member Address: ____ □Member Address: ☐ Authorized ☐ Authorized Person Person □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. Signature of an authorized person

histore Gioff

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

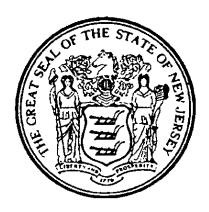
PIVOTAL EDGE PARTNERSHIPS LLC 0450264438

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 26, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CHRISTINE GRAFF 706 ELAINE DR MICKLETON, NJ 08056



IN TESTIMONY WIIEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 30th day of July, 2021

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6121658616

Verify this certificate online at

https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp