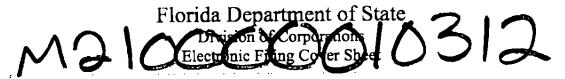
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Division of Corporations



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Foreign Limited Liability Company FYM Ventures, LLC

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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 RECISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: FYM Ventures, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Dolaware (III number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See acctons 605,0904 & 605,0905, F.S. to determine penalty liability) 3936 Lowson Blvd. 3936 Lowson Blvd. (Mailing Address) eet Address of Principal Office) Delray Beach, Florida 33445 Delray Beach, Florida 33445 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Greenspoon Marder LLP Name: 200 E. Broward Blvd., Suite 1800 Office Address: Fort Lauderdale 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. elmore FIRM FIRM

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Dan De Olivelra Name: David Welss ☑Manager ☑ Manager Address: 966 Evergreen Drive Address: 3936 Lowson Blvd. □Mcmbcr ☐ Member Delray Beach, Florida 33445 Delray Beach, Florida 33483 □ Authorized ☐ Authorized Person Person □Other_____ Other Other___ Other_ Name: □Manager □Manager Name: _____ □Member Address: Address: _____ □Member □ Authorized ☐ Authorized Person Person ____ Other ∐Other _ □Other_____ □Other Name: ______ Name: ______ □ Manager □ Manager ☐ Member Address: Address: □ Member □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 follows as provided for in \$.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Ellen Gilmore

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FYM VENTURES, 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-NINTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FYM VENTURES, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2013.

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

Authentication: 203797852

Date: 07-29-21

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