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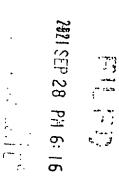
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504/21

Registration Section

TO:

COVER LETTER

SUBJECT:	N44ZF LLC				
SOBJECT.	Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact business.			
Please return	all correspondence concerning this matter	to the following:			
	Susan Enerson				
	-				
Business Aviation Law Group PLLC					
	to en	Firm/Company	-		
	143 Dobbin Lane				
	Address				
	Mooresville, NC 28117				
	City/State and Zip Code				
	cmonti@mdhventurecapital.com		1921		
	E-mail address: (to be	e used for future annual report notification)	SEP		
For further in	nformation concerning this matter, please ca	ıll:	1521 SEP 28		
Sus	an Enerson	888 661-3223	3 PH 6: 16		
	Name of Contact Person	Area Code Daytime Telephone Number	6: -		
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	6		
Enc Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEI \$125.00 Filing Fee \$130.00 Filing Fe	Tallahassee, FL 32303 PARTMENT OF STATE	Cortificate		

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

IN COMPLIANCE WITH SECTION 6/5.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liabi	lity Company," "I	"I"C," or	 1.a.c.")
Delaware 2.		86-3149191			
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number,	if applicable)		_
8/16/2021					
·	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determine	rgistration.) e penalty liability)	_		
104 Paloma Drive		104 Paloma Drive			
treet Address of Principal Office)		6. (Mailing Address)			_
Coral Gables, FL 33143		Coral Gables, FL 33143			
	***************************************			202	_
Name and street address Name:	ss of Florida registered agent: (P.O. Box Dr. Malcolm D. Herzog	<u>NOT</u> acceptable)		SEP 28 PH	2 de 1
Office Address:	104 Paloma Drive		<u>.</u>	6: 1 6	نونون . ·
	Coral Gabies	33143 Florida			
	(City)	, Florida(Zip code)			
esignated in this applica comply with the provisi	gistered agent and to accept service of pr tion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree to act in t	his capacity.	. I furt	her agr

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: Name and Address: Title or Capacity: Dr. Malcolm D. Herzog Name: □Manager Name: _____ ■ Manager 104 Paloma Drive ☐ Member Address: _____ □ Member Address: Coral Gables, FL 33143 □ Authorized □ Authorized Person Person □Other_____ Other____ □Other □Other Name: □ Manager Name: □Manageг □Member Address: □Member Address: ____ □ Authorized ☐ Authorized Person Person □Other__ □Other □Other_ □Other____ ∐Manager Name: □ Manager □Member □Member Address: Address: □ 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 felony as provided for in s.817.155, F.S. Malcolm D. Herros 1F3753CTEEFSAE Signalure of an authorized person

Typed or printed name of signee

Dr. Malcolm D. Herzog

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "N44ZF 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-SEVENTH DAY OF JULY, A.D. 2021.

2021 SEP 28 PH 6: 16



Authentication: 203768866

Date: 07-27-21

7460022 8300 SR# 20212802296