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Lame Company Compan

Foreign Limited Liability Company AZORA CAPITAL GP LLC

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S. ROBERTS

From: Kaity Toon

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

IN COMPLIANCE WITH SECTION 005.0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANY TO TRANSACT BUNNESS BY THE STATE OF FLORIDA.

,	Limited Liability Company; must include "Limit	ed Liability	Conquiry " "I.1.C.," or "I I C ")		
(Hinamo quasastable, enter altumate)	name adopted for the purpose of transacting business in	Florida Ilia:	nicks I bannac "Laure news meter anne armata	ty Company," "L.E.C." or "	al Chi
Delaware					
	duch foreign limited fribility company is organized)	3.	(Flif number, if	(applicable)	-
4	(Dele first transacted binaries on Plands of prior to See acutions 605 0964 de 605 1995, F.S. to delen	o ce tratamien			
	(See sections 605 0904 & 605 0905, F.S. to deter	mine penals	fiability		
3350 Virginia St, Suite	e 219	6	3350 Virginia St, State 219		
5. (Street Address of Principal Office)		0.	(Muling Addition)		-
Coconii Grove, FL 33	133		Coconut Grove, FL 33133		
			ar		_
				BECHE IA-G	*******
7. Name and street addre	ss of Florida registered agent; (P.O. Bo	NOT:	acceptable)	AH W	eznera Îi â
				(C)	1
	Ravi Chopra			SE P	
Name.					2 4 1
Name.	22.50 Window & Suita 219	<u> </u>		111	
Name. Office Address.	3350 Virginia St. Suite 219			H I:21	0 h j
·			13133	111	0 4
·			13133	111	
Office Address.	Caconul Grove		33133 , Florida (Хір годе)	1:21 EFL	
Office Address. Registered agent's acce	Coconut Grove (Cay) ptance: construct agent and to accept service o	f process	33133, Florida	FL 2	he place
Office Address. Registered agent's acceptaving been named as reducing techniques.	Coconut Grove (Cay) ptance: cgistered agent and to accept service of	f process	33133, Florida (Exp. scole) for the above stated limited lial level agent and agree to act in the scole in	this capacity. I fur	mer agre
Office Address. Registered agent's acceptaving been named as redesignated in this applicate comply with the provis	Coconut Grove (Cay) ptance: construct agent and to accept service o	f process	33133, Florida (Exp. scole) for the above stated limited lial level agent and agree to act in the scole in	this capacity. I fur	mer agre

(Registered agent's signature)

Page: 4 of 5

8. 1	For initial indexing purposes, list names, title or capacity and	addresses of the primary	members/managers or	persons authorized to
man	age [up to six (5) total]:			

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
⊠Manager	Name, Ravi Chopra	□ Manager	Name:	
Si Member	Address:	II Member	Address:	
□Amhorized	Coconut Grove, FL 33133	T Authorized		
Person		Person		
Other	□Other	Other		Other
∐Manager	Name:	□Manager	Name.	
□Member	Address:	_ Member	Address:	
□Amborized		Authorized		
Person		Person		
□Other		Other]Other
□Manager	Name:	II Manager	Name:	
□Member	Address:	Member	Address:	
□Authorized				
Person		Person		
□Other	Other	Other		()ther

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 translation 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.

/s/ Ravi Chopra	
	Signature of an authorized person
Rayi Chopra	
	Exped or printed name of signer



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

DELAWARE, DO HEREBY CERTIFY "AZORA CAPITAL GP 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 NINETEENTH DAY OF NOVEMBER, A.D. 2021.

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



Jaffery W. Bullock, Swereday of State

Authentication: 204743787