Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000444294 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 25 $\ddot{\sim}$

Email Address:

Foreign Limited Liability Company Mogra Circle LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$160.00 |

S. ROBERTS

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 0 6 2021

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

IN COMPLIANCE WITH SECTION 606.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Mogra Circle LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") N/A (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.I. C," or "L.I. C.") (FEI pumber, i. applicable) (Jurudiction under the law of which foreign limited liability company is organized) Upon filing of this Application (Date first transacted business in Florida, if prior to registration) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) Same as principal office address 7900 Glades Road, Suite 500 5. (Street Address of Principal Office) (Mailing Address) Boca Raton, FL 33434 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporate Creations Network Inc. Name: 801 US Highway 1 Office Address: North Palm Beach

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.

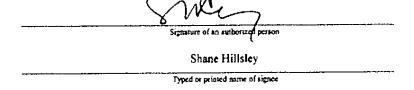
| /s/ Caitlin Lazarus | Caitlin Lazarus, Special Secretary | | | |
|--------------------------------|------------------------------------|--|--|--|
| | | | | |
| (Registered agent's signature) | | | | |

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: Manager Member Authorized | Name and Address: Name: Mogra Circle Holdings LLC Address: 7900 Glades Road, Suite 500 Boca Raton, FL 33434 | Title or Capacity: ☐ Manager ☐ Member ☐ Authorized | Name and Address: Shane Hillsley Name: 7900 Glades Road, Suite 500 Address: Boca Raton, FL 33434 |
|--|--|---|---|
| Person | Other | Person | □Other |
| ☐ Manager ☐ Member ☐ Authorized Person ☐ Other | Name: | ☐ Manager ☐ Member ☐ Authorized Person ☐ Other | Name: |
| ☐ Manager ☐ Member ☐ Authorized Person ☐ Other | Name: | ☐ Manager ☐ Member ☐ Authorized Person ☐ Other | Name: |

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 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.



Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MOGRA CIRCLE 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 THIRD DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOGRA CIRCLE LLC" WAS FORMED ON THE TWENTIETH DAY OF SEPTEMBER, A.D. 2021.

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

Authentication: 204588572

Date: 11-03-21