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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer.							
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S. ROBERTS
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CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 341171 5061889
AUTHORIZATION: Spellice man
COST LIMIT : \$ 125.00
ORDER DATE : December 20, 2021
ORDER TIME : 9:44 AM
ORDER NO. : 341171-015
CUSTOMER NO: 5061889
FOREIGN FILINGS
NAME: BELLUS VENTURES I GP LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker EXT#

EXAMINER: ____

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Bellus Ventures I GP LLC	
Conducti		Name of Limited Liability Company
		bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.
Please return	all correspondence concerning this m	atter to the following:
	Zachary Singer	
	·	Name of Person
	Bellus Ventures I GP LLC	
		Firm/Company
	80 S.W. 8th Street, Suite 200	0
		Address
	Miami, FL 33130	
		City/State and Zip Code
	zachary.singer@bellusventure	s.com
	E-mail address:	(to be used for future annual report notification)
For further in	formation concerning this matter, ple	ase call:
Zac	chary Singer	917 747-3959 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
Reg Div P.C	ling Address: gistration Section vision of Corporations b. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303
Plea	losed is a check for the following amo se make check payable to: FLORIDA 125.00 Filing Fee	unt: A DEPARTMENT OF STATE

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Bellus Ventures I GP	Limited Liability Company; must include "Limite	d Liability Company	." "L.L.C.," or "L.L.C.")			_
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in F	lorida. The alternate nan	ne must include "Limited Liabili	y Company,"	L.L.C." or	 r"LLC,")
Delaware 2.		3				
(Jurisdiction under the law of w	J	(FEI number, if	applicable)		_	
4.						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) ine penalty liability)		_		
80 S.W. 8th Street, 5 5. (Street Address of Principal Office)	6. 80 S.W	. 8th Street, Suite 20	00		_	
Miami, FL 33130		Miami, I	FL 33130	SHC	2021	
		<u> </u>		ALLAHAS	0EC 2	"T
7. Name and street address	ss of Florida registered agent: (P.O. Box	: <u>NOT</u> acceptabl	e)	ASSEE.	I AM IO:	
Name:	Zachary Singer): 39	14200
Office Address:	80 S.W. 8th Street, Suite 2000					
	Miami 		33130 Florida	_		
	(City)		(Zip code)			

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.

(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: Name and Address: Title or Capacity: Name and Address: Name: Zachary Singer □ Manager Name: _____ □Manager Address: 80 S.W. 8th Street **■**Member □Niember Address: ___ **Suite 2000** □ Authorized ☐ Authorized Miami, FL 33130 Person Person □Other____ □Other ☐ Other_____ □Other Name: _____ □Manager Name: _____ ☐Member Address: ☐ Member Address: _____ □ Authorized ☐ Authorized Person Person □Other_____ □Other ____ □Other____ □Other_____ □Manager Name: ☐ Manager Name: _____ □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

Typed or printed name of signee

Zachary Singer



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

DELAWARE, DO HEREBY CERTIFY "BELLUS VENTURES I 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 TWENTIETH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BELLUS VENTURES

I GP LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D.

2017.

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

TAY'S ON THE STATE OF THE STATE

Authentication: 205033005

Date: 12-20-21