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To:	Division of Corporations		() L
	Fax Number : (850)617-6383		
From:			
r i om:	Account Name : REGISTERED AGENTS IN	С.	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	Account Number : I20090000081		; - ; (
	Phone : (307)200-2803 Fax Number : (855)330-1010		
Em	ail Address:		
	Foreign Limited Liability Co Azure Vase LLC	ompany	
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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

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Name:
Office Address:

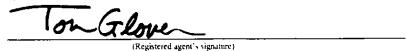
Northwest Registered Agent LLC

7901 4th St N STE 300

St. Petersburg
Florida 33702

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.



Title or Capacity:	Name and Address:	Title or Capacit	<u>y:</u>	Name and	Address	i
Manager	Name: The Perimeter trust	Manager	Name:			
Member	Address: 7901 4th St N STE 300	☐ Member	Address:			
Authorized	St. Petersburg FL 33702	☐ Authorized				
Person		Person				
Other	Other	Other		Other_		
Manager	Name:	Manager	Name:			
Member	Address:	Member	Address:			
Authorized		Authorized				
Person		Person				
Other	Other	Other		Other	202	
Manager	Name:	Manager	Name:	1,73	PEB 24	**************************************
Member	Address:	Member	Address:	<u> </u>	- <u>P</u> 5	
☐Authorized Person		Authorized Person			28	
Other	Othei	Other		Other_		
9. Attached is a cert jurisdiction under the of the translator mu 10. This document	is executed in accordance with section 605.0202 ment to the Department of State constitutes a th	orida Department of Sta duly authenticated by the c is in a foreign languag 3 (1) (b), Florida Statuto	ate Annual Rep ne official havinge, a translation es. I am aware t vided for in s.8	ort form. ng custody of re n of the certifica hat any false in	ecords in ate under	the coath

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Azure Vase LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 23, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001084093**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 24th day of February, 2022 at 9:16 AM. This certificate is assigned ID Number 050136514.



Secretary of State

2022 FEB 24 PM 5: 28

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.