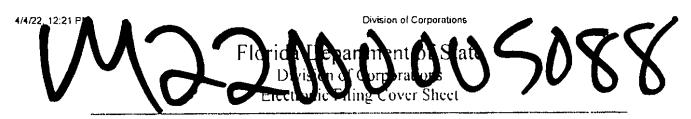
Page: 3 of 6



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.

(((H22000121876 3)))



	Doing so will generate another cover sheet.
To:	•
	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : C T CORPORATION SYSTEM
	Account Number : FCA000000023
	Phone : (954)208-0845 Fax Number : (614)573-3996
Enter an	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.
	ail Address:

SK Ventures V GP, LLC

Certificate of Status	U
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

S. FRANKLIN

Electronic Filing Menu

Corporate Filing Menu

Help

2022 APR -4

To: +18506176383

From: Lexus Wingo

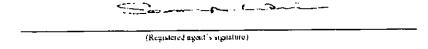
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter afternate ru	nine adopted for the purpose of transacting business in F	londa. The alt:	rmate name must include "Limited Lorbility Comp-	inv.""L L.C." or "LI	x5
Delaware					
1	uch torcium limited hability company is organized)	3	(FII number, if applical	pk-)	
Transportion under the faw of wi	och weight timber habitly company to oppositely		,,	•	
March 30, 2022					
	Date first transacted business in Florida, if prior to (See sections 605,0901 & 605,0905, F.S. to determ	registration) ine penalty lia	bility)		
6547 Midnight Pass Ro		6	547 Midnight Pass Rd, Suite 39		
street Address of Principal Office)		6	(Mailing Address)	2	
Siesta Key, Fl. 34242		S	iesta Key, FL 34242	2022 APR	
5165(a Key, 11, 54242		_			1
				1	
				PH 12:	•
Name and street addres	s of Florida registered agent: (P.O. Box	C <u>NOT</u> ac	ceptable)		
				50	
Name:	C.T Corporation System			_	
Name.					
Office Address:	1200 South Pine Island Road				
Office Address.					
			33324		

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.



Page: 5 of 6

8.	. For initial indexing purposes, list names	title or capacity and addresses of the primary	y members/managers or persons authorized to
ma	anage lup to six (6) totall:		

Title or Capacity:	Name and Address:	Title or Capacity:		Name and A	<u>yddress</u>	<u>:</u>
■ Manager	Name: Eric Norlin	_ ∐Manager	Name:			
□Member A	ddress: 6547 Midnight Pass Rd, Ste 39	∐Member	Address:			
□Authorized	Siesta Key, Pt. 34242	□Authorized				
Person		Person				
□Other	□ Other	Other		□Other		
- 1			Ni			
□Manager	Name:	Manager	Name:			
□Member	Address:	□Member	Address:			
□Authorized		☐ Authorized		 —		
Person		Person			2 <u>0.7</u> 7	
☐ Other	□ Other	☐ Other			<u> </u>	11 1
				· · ·	1-	
□Manager	Name:	☐Manager	Name:	<u>.</u>	PH) <u>}</u>
□Member	Address:		Address:	•	12: 2	انور ا
□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.

	Signature of an unthorized person	
Eric Norlin, Manager		

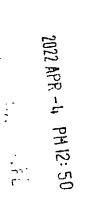
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SK VENTURES V 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 FIRST DAY OF APRIL, A.D. 2022.

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



6655572 8300 SR# 20221277572 Authentication: 203076135

Date: 04-01-22