

4/11/22, 3:12 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H22000131381 3)))



H220001313813ABCV

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
Meteora Strategic Capital, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$155.00 |

2022 APR 11 PM 4:38

2022 APR 11 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Meteora Strategic Capital, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware 3. 87-3860481
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 840 Park Drive East
(Street Address of Principal Office)

6. 840 Park Drive East
(Mailing Address)

Boca Raton, FL 33432

Boca Raton, FL 33432

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

Name: Vikas Mittal

Office Address: 840 Park Drive East

Boca Raton, FL 33432
(City) (Zip code)

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/ Vikas Mittal

By: _____
(Registered agent's signature)

FILED
2022 APR 11 AM 11:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--|--|--|
| <input checked="" type="checkbox"/> Manager | Name: <u>Vikas Mittal</u> | <input type="checkbox"/> Manager | Name: <u>Mamta Jalan</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>840 Park Drive East</u> | <input type="checkbox"/> Member | Address: <u>840 Park Drive East</u> |
| <input type="checkbox"/> Authorized | <u>Boca Raton, FL 33432</u> | <input type="checkbox"/> Authorized | <u>Boca Raton, FL 33432</u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> |
| <input type="checkbox"/> Manager | Name: <u></u> | <input type="checkbox"/> Manager | Name: <u></u> |
| <input type="checkbox"/> Member | Address: <u></u> | <input type="checkbox"/> Member | Address: <u></u> |
| <input type="checkbox"/> Authorized | <u></u> | <input type="checkbox"/> Authorized | <u></u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> |
| <input type="checkbox"/> Manager | Name: <u></u> | <input type="checkbox"/> Manager | Name: <u></u> |
| <input type="checkbox"/> Member | Address: <u></u> | <input type="checkbox"/> Member | Address: <u></u> |
| <input type="checkbox"/> Authorized | <u></u> | <input type="checkbox"/> Authorized | <u></u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> |

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.

/s/ Vikas Mittal

Signature of an authorized person

Vikas Mittal

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "METEORA STRATEGIC CAPITAL, 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 EIGHTH DAY OF APRIL, A.D. 2022.

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



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

6446943 8300

SR# 20221374150

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203133923

Date: 04-08-22