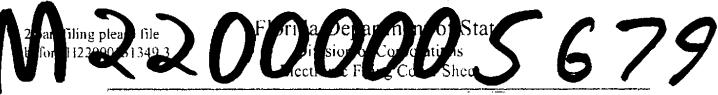
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S. ROBERTS

APR 1 3 2022

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

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

name quavadable, enter alternate	name adopted for the purpose of transacting business in He	stide. The altern	ate name must include "Limited Liabilit	y Company," "L.L.C," or "LLC,"
Delaware			2172775	
(Jurisdiction under the law of w	thich foreign limited liability company is organized)	3	(Etit number, if applicable)	
	(Date first transacted business in Florida, if prior to	mare (mature)		_
	(See sections 605 0901 & 605 0905, F.S. to determine	ne penalty hubili	ψ)	
840 Park Drive East			Park Drive East	
eet Address of Principal Office)		··· ——	(Mailing Address)	
Boca Raton, FL 33432		Вос	a Raton, FL 33432	2027 SE
				APR
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accep	otable)	3 AM
Name:	Vikas Mittal		_	7: 33
Office Address:	840 Park Drive East		_	
	Boca Raton, FL		33432 , Florida	
	(City)	•	, Florida (Zip code)	_

to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fo and accept the obligations of my position as registered agent.

	/s/ Vikas Mittal	
Ву:		
	(Registered agent's signature)	

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8.	For init	tial indexing pur	poses, list name	s, title or capacit	y and addresses	of the primary	members/managers or	persons authorized to
ma	ເກage [ພຸ	o to six (6) total]):					

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Vikas Mittal	□ Manager	Name: Mamta Jalan
■Member	Address: 840 Park Drive East	■ Member	Address: 840 Park Drive East
□Authorized	Boca Raton, FL 33432	☐ Authorized	Boca Raton, FL 33432
Person		Person	
Other	□Other	Other	Other
□Manager	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	□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 tiling 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 comes	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "METEORA CAPITAL PARTNERS 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 EIGHTH DAY OF APRIL, A.D. 2022.

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



Authentication: 203133924

Date: 04-08-22