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Foreign Limited Liability Company MARILA LEASING LLC

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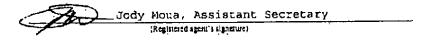
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: I. MARILA LEASING LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name anavailable, cases abcorate name adopted for the purpose of transacting husiness in Florida, The alternate name must include "Limited Liability Company," "LL.C," or "LLC.") DELAWARE (Jurisdiction under the law of which threign littined liability company is organized) UPON FILING OF THIS APPLICATION (Date first transacted business in Florida, if print to registration.)
(See sections 603,0904 & 603,0903, F.S. to determine penalty liability) 272 VIA MARILA 272 VIA MARILA (Street Address of Principal Office) PALM BEACH, FLORIDA 33480 PALM BEACH, FLORIDA 33480 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) PARACORP INCORPORATED. Namc: 155 OFFICE PLAZA DRIVE, IST FLOOR Office Address: 32303 TALLAHASSEE . Florida

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 um familiar with and accept the obligations of my position as registered agent.



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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: BABATOPE AWOTONA Name: _____ □Manager ≣Manager 272 VIA MARILA Address: ☐ Member ☐Member PALM BEACH, FLORIDA 33480. □ Authorized □ Authorized Person Person Other____ Other_ □ Other_____ Other: Name: _____ Name: _____ ☐ Manager □Manager Address: Address: ____ ☐ Member □Member □ Authorized □ Authorized Person Person []Other_____ []Other___ Other____ Other_ Name: _____ Name: Manager Manager Address: □Mémber □Member Addréss: □ Authorized □ Authorized Person Person Other____ ☐Other_____ □Óther_____ DOther_ 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 filling 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 BABATOPE AWOTONA

Typed or printed name of signer

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MARILA LEASING 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 TWENTY-THIRD DAY OF APRIL, A.D. 2022.

Authentication: 203253456

Date: 04-23-22