

5/31/22, 2:32 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M2200008497

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.

(((H22000190578 3)))



H220001905783ABC1

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 : HARVARD BUSINESS SERVICES, INC.
Account Number : I2008000045
Phone : (302)645-7400
Fax Number : (302)645-1280

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

Email Address: shireen@pif.vc

2022 JUN - 1 AM 8:19

Foreign Limited Liability Company
WeBuild.vc LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$768.75

2022 JUN - 1 AM 8:49
APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JUN - 1 2022

(((H22000190578 3)))

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

1. WeBuild.vc 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(If number, if applicable)

4. 01/2021

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

5. 2020 N Bayshore Dr #2102

(Street Address of Principal Office)

Miami FL 33137

6. 2020 N Bayshore Dr #2102

(Mailing Address)

Miami FL 33137

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

Name: Shireen Jaffer

Office Address: 2020 N Bayshore Dr #2102

Miami

(City)

, Florida 33137

(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.

(Registered agent's signature)

APPROVED
AND
FILED

2022 JUN -1 AM 8:49

(((H22000190578 3)))

(((H22000190578 3)))

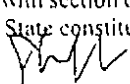
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Shireen Jaffer</u>	<input type="checkbox"/> Manager	Name: <u>Raaid Hossain</u>
<input checked="" type="checkbox"/> Member	Address: <u>2020 N Bayshore Dr #2102</u>	<input checked="" type="checkbox"/> Member	Address: <u>2020 N Bayshore Dr #2102</u>
<input type="checkbox"/> Authorized	<u>Miami, FL 33137</u>	<input type="checkbox"/> Authorized	<u>Miami, FL 33137</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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.



Signature of an authorized person

Shireen Jaffer

Typed or printed name of signer

(((H22000190578 3)))

(((H22000190578 3)))

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WEBUILD.VC 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 THIRTY-FIRST DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WEBUILD.VC LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2020.

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



7913506 8300

SR# 20222510278

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203555758

Date: 05-31-22

(((H22000190578 3)))