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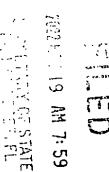
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COVER LETTER

Registration Section

TO:

Divi	ision of Corporations			
ECT:	EGP Kissimmee LLC			
	Name of Limited Liability Company			
nclosed ence, and	"Application by Foreign Limited Liability deheck are submitted to register the above	Company for Authorization to Transact Business in Florida." Certife referenced foreign limited liability company to transact business in		
e return	all correspondence concerning this matter	to the following:		
	April Peacock			
	Name of Person			
EWC Growth Partners LLC				
		Firm/Company		
		Address		
	Milford, CT 06460			
	City/State and Zip Code			
	business@ewegrowth.com			
	·	e used for future annual report notification)		
rther inf	formation concerning this matter, please ca	11:		
April Peacock		724 612-2604 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Pleas	osed is a check for the following amount: the make check payable to: FLORIDA DEP 125.00 Filing Fee \$130.00 Filing Fee Certificate of	e & 🔲 \$155.00 Filing Fee & 🔳 \$160.00 Filing Fee, Certifical		

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: EGP Kissimmee 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,") (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 6. (Mailing Address) 2653 W Osceola Pkwy, Kissimmee, FL 34741 5. (Street Address of Principal Office) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays St Office Address: Tallahassee Florida (City) 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.

Lynn M. Canne Longo Lynn M. Canne Longo, AVP (Registered agent's signature)

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]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Kalyan Gullapalli Name: ______ □ Manager ■ Manager 135 Research Dr. 2nd Floor Address: □ Member Address: _ □Member Milford, CT 06460 ☐ Authorized □ Authorized Person Person □Other ____ □Other____ Other____ □Other____ Name: _____ □Manager Name: _____ □Manager Address: ______ □Member Address: ______ □Member ☐ Authorized □ Authorized Person Person □Other____ □Other____ □ Other_____ □Other____ Name: ______ Name: ______ □Manager □Manager Address: ______ ∐Member □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 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. Kalyan Gullaballi Kalyan Gullapalli (Mai 24, 2572 12:12 E0T) Signature of an authorized person

Kalyan Gullapalli

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "EGP KISSIMMEE 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 FIFTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EGP KISSIMMEE LLC" WAS FORMED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2021.



Authentication: 203359781

Date: 05-05-22