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Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 Phone : (302)674-4089 : (302)674-5266

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Email Address: dg@foundationcapital.us

## Foreign Limited Liability Company 1290 CAPITAL CIRCLE LLC

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

IN COMPLIANCE WITH SECTION BUSINESS IN THE FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECESTER A PORTION LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	and an and believe of agreement formula to ha	rids. The abstracts states cases include "Limited Liability Comp	<del></del>	
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(Auritalistine under the live of a	food foreign limited (mothly company is organized)	(Fill matcher, if applicat	ble)	
	The for being and horses in Brick. James in	additioning I		
	(Dian First Impressed business in Florida: if prior in (Squ excellent 605 0404 & 603,0905, F.S. to determine	e panelty distribity)		
110 West 40th Street,	STE 900	110 West 40th Street, STE 900	25	
A Address of Procepts Office)		6. (Mathag Address)		
New York, NY 10018		New York, NY 10018		
			79:	
Name and street addre	es of Florida registered agent: (P.O. Box )	NOT acceptable)		
Name:	Numai Roy	<del></del>		
Name:	Nimusi Roy 1111 Brickell Ave, 10th Floor			
		33131		

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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 Canacity;	Name and Address:	Title or Capacity	¥:	Name and Address:
□Manager	Name: Name Roy	□Manager	Name:	
□Member	Address: 1111 Brickell Ave	⊟Member	Address:	
■ Authorized	10th Floor	□Authorized		
Person	Miami, FL 33131	Person		
□Other	□ Other	Other	<del></del>	Other
☐ Manager	Name:	□Manager	Name:	
□Member	Address:	□Mémber	Address:	2024
Authorized	Suite 900	□Authorized		(A)
Person	New York, NY 10018	Person		
□Other	Other	Other	<del></del>	Other 0
	David Corenbera			
□Manager	Name: David Greenberg	□Manager	Name:	
Member	Address: 110 West 40th Street	□Member	Address:	
Authorized	Suite 900	□Aúthorízed		
Person	New York, NY 10018	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. 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.

Sugnetiers of an authorized person
David Greenberg
Tened or printed name of signer

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "1290 CAPITAL CIRCLE 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 ELEVENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1290 CAPITAL CIRCLE LLC" WAS FORMED ON THE TENTH DAY OF AUGUST, A.D. 2022.

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

2024 E 11 Pil 4: 17

Authentication: 204142654

Date: 08-11-22