## Florida Department of tag

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Division of Corporations

Fax Number : (850)617-6383

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Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

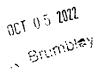
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## Foreign Limited Liability Company OFS LAUNCHCO, LLC

| Certificate of Status | 0        |
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| Certified Copy        | 1        |
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN 81 OR IDA

|   | IN FL  | ORIDA.                             |                             |                                |                   |
|---|--|------------------------------------|-----------------------------|--------------------------------|-------------------|
|   | CTION GOSCHOOL FLORIDA STATUTES, THE PL<br>USINESS IN THE STATE OF FLORIDA:  | OLLOWING IS SURMO                  | TED TO RECESTER A           | 4 FOREIGN LIMITEL              | LIABII, FFY       |
| , OFS Launchco, I   | 1C   |                                    |                             |                                |                   |
| (Name of Poreign  | Limited Liability Company; must include "Limite  | d Liability Company," "L           | .L.C.," or "LLC.")          |                                | -                 |
| Of more one-valuate, error abernate   | minus adopted for the purpose of transacting pusiness in Fig.  | ords. The afference roome must     | t include "Lamited Lighthty | Company," "L.L.C," or "LL      | Ē.")              |
| <sub>2.</sub> D <b>ela</b> ware   |  | 3.                                 |                             |                                |                   |
| (Juriadiction under the law of which foreign limited Hability company is organized) |  | (PEI number, if applicable)        |                             |                                | -                 |
| 4   | (Date first transacted business in Florids, if prior to<br>(See sections 605.0904 & 603.0903, F.S. to determ   | registration.)                     |                             | _                              |                   |
| 2755 Foot Ooklo   |  |                                    | E00                         |                                |                   |
| (Street Address of  | nd Park Blvd., Ste 200   | 6. <u>P.O. Box</u>                 | (Mailing Address)           | <del></del>                    | -                 |
| Ft. Lauderdale, F   | FL 33306   | Wayne, P                           | A 19087                     |                                | -                 |
| <u> </u>  |  |                                    |                             | 202                            | _                 |
| 7. Name and <u>streot addre</u>   | ss of Florida registered agent: (P.O. Box  | NOT acceptable)                    |                             | 2007 -4<br>GRETALY<br>17414558 | APPR<br>AA<br>FIL |
| Name:   | Michael O'Neill  |                                    |                             |                                | ED<br>OYEU        |
| Office Address:   | 2755 East Oakland Park Blvd  | ., Ste 200                         |                             | AHII: 32                       |                   |
|   | Ft. Lauderdale   | . Flori                            | ida 33306                   |                                |                   |
|   | (City)   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (Zip code)                  | <del></del>                    |                   |
| designated in this applica<br>to comply with the provis.                            | stance:  gistered agent and to accept service of p  tion, I hareby accept the appointment as  ions of all statutes relative to the proper  s of my position as registered agent.  Decument of the state of the state of the proper  At it. A 'At it! | s registered agent an              | id agree to act in th       | ils capacity. I furth          | ier agree         |
|   | MURL O PULL  |                                    | <del></del>                 |                                |                   |
|   | (Registered agent's s  | ugnature)                          |                             |                                |                   |

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| Title or Capacity;   | Name and Address:   | Title or Capacity;  | Name and Address:  |
|--|---|---|--|
| ⊠Manager   | Name: Miguel Pena   | Manager   | Name: Michael O'Neill  |
| Member   | Address: 2755 East Oakland Park Blvd.   | Member  | Address: 2755 East Oakland Park Blvd   |
| Authorized   | Ste 200   | Authorized  | Ste 200  |
| Person   | Ft. Lauderdale, FL 33306  | Person  | Ft. Lauderdale, FL 33306   |
| Other  | Other   | Other   | Other  |
| ☐Manager   | <sub>Name:</sub> Adam Mignogna  | Manager   | Name:  |
| Member   | Address: 2755 East Oakland Park Blvd.   | ☐ Member  | Address:   |
| ⊠Authorized  | Ste 200   | ☐ Authorized  |  |
| Person   | Ft. Lauderdale, FL 33306  | Person  |  |
| Other  | Other   | Other   | Other  |
| Manager  | Namo:   | Manager   | Name:  |
| Momber   | Address:  | Member  | Address:   |
| Authorized   |   | Authorized  |  |
| Person   |   | Person  |  |
|  | Other   | Other   | Other  |
| 9. Attached is a certifurisdiction under the of the translator must lo. This document is | se an attachment to report more than six (6). The may be added to the index when filing your Flori ficate of existence, no more than 90 days old, due law of which it is organized. (If the certificate is be submitted)  executed in accordance with section 605.0203 (sent to the Department of State constitutes a third Decusioned by:  Mike UMIL | da Department of State .  ly authenticated by the c s in a foreign language, .  l) (b), Florida Statutes, I | Annual Report form.  official having custody of records in the a translation of the certificate under oath |

Typed or posted same of signee

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OFS LAUNCHCO, 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 FOURTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OFS LAUNCHCO, LLC" WAS FORMED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2019.

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

7711481 8300 SR# 20223687734

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

Justing of Business, Bocourary of Busine

Authentication: 204542776

Date: 10-04-22