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Account#: I20000000088

| Date:1 | 0/19/2022 | |
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| | Merritt Walker | |
| Reference #:_ | 4040777 | |
| Entity Name:_ | VERTICAL | BRIDGE VBTS, LLC |
| | of Incorporation/Authorizati | on to Transact Business |
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| Reinsta | tement | 7(|
| Conver | sion | |
| ☐ Merger | | <u>:</u> |
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| Authorized Am | nount: \$125 | |
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| | C | OGENCY | GLOBAL INC. | at i | 866 |) | 625-0838 | —————————————————————————————————————— |
| | | Name of | Contact Person | | Area Code | | Daytime Telephone Number | က က |
| | MAILING / Division of C Registration P.O. Box 632 Tallahassee. | Corporations Section 27 | | | | Div Reg Clit 266 | REET ADDRESS: vision of Corporations gistration Section fton Building b1 Executive Center Circle lahassee, F1, 32301 | 30 |
| | | check payable | following amount: to: FLORIDA DEPAR \$130.00 Filing Fee | | | | ng Fee & 🗂 \$160.00 Filing | Fau Cartificate |
| | ± \$125.00 | riung Fee | Certificate of S | | Certifi | | _ | |

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | | Vertical E | Bridge VBTS, L | .LC | | | |
|-------------------|--------------------------------------|--|-------------------------------|-----------------------|---------------------------|-------------------------|--|
| | (Name of Foreign Lin | nited Liability Company; must includ | e "Limited Liability Co | mpany," "L L.C.," | or "LLC.") | | |
| Of name u | ınavailable, enter alternate name | adopted for the purpose of transacting bus | iness in Florida. The alterna | ite name must include | "Limited Liability Compan | y," "L.L.C." or "LLC.") | |
| 2. | Delaware | | 3 | 88-3147839 | | | |
| (Jur | isdiction under the law of which | foreign limited hability company is organize | red) | | (FEI number, if applicab | ole) | |
| 4 | - | (Date first transacted business in Florida (See sections 605 0904 & 605.0905, F.S.) | if prior to registration) | | <u>-</u> | | |
| | 750 Park of Co | | , to determine penalty liabil | | of Commerce | Drive | |
| 5 | (Street Address of Principal Office) | | 6 | (Mailing Address) | | | |
| | Suite | 200 | | Suite 200 | | | |
| | Boca Raton, F | Florida 33487 | | Boca R | aton, Florida 3 | 3487 [7] | |
| 7. Nan | ne and <u>street address</u> c | of Florida registered agent: (P | .O. Box <u>NOT</u> acce | eptable) | | 2 | |
| | Name: | COGENCY GLC | BAL INC. | | | F1 5: 2 | |
| Office Address: _ | | 115 North Calhour | St. Suite 4 | _ | | 6 | |
| | _ | Tallahass | ee | Florida _ | 32301 (Zin code) | | |
| | | (Cny) | | | (Zipi 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.

Merritt Walker Merritt Walker, Asst. Secretary

(Registered agent's signature)

| Title or Capacity: | Name and Address: | Title or Capacity: | | Name and Address: | | |
|---|--|---|--|--|--|--|
| □Manager | Name:Daniel Marinberg | ☐ Manager | Name: | Alex Gellman | | |
| Member | Address: 750 Park of Commerce Drive | Member | Address: 75 | 50 Park of Commerce Drive | | |
| Authorized | Suite 200 | Authorized | | Suite 200 | | |
| Person | Boca Raton, Florida 33487 | Person | Boca Raton, Florida 33487 | | | |
| Secre Source | tary X'Other SVP | ⊠]Other Presid | ent | X Other CEO | | |
| Manager | Name: | [_] Manager | Name: | | | |
| □Member | Address: | Member | Address: | | | |
| Authorized | | Authorized | | | | |
| Person | | Person | | | | |
| Other | Other | Other | | Other | | |
| | | | | 2012 (| | |
| ∐Manager | Name: | Manager Manager | Name: | | | |
| ∐Member | Address: | [_] Member | Address: | 5 | | |
| Authorized | | Authorized | | | | |
| Person | | Person | | <u> </u> | | |
| Other | Other | Other | | Other | | |
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Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VERTICAL BRIDGE VBTS, 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 EIGHTEENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERTICAL BRIDGE VBTS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2022.

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

2622 (n. 19 Kr. 3. 5. 5.



Authentication: 204648885

Date: 10-18-22