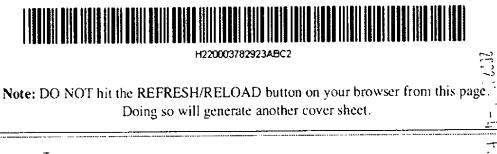
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000378292 3)))



To:

Division of Corporations

Fax Number : (850)617-6383

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number: 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

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

Email Address:

Foreign Limited Liability Company Technology Partners OPCO, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

NOV - 7 2022

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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 RECISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS INTHE STATE OF FLORIDA:

1. Technology Partners O	PCO, EEC Limited Liability Company, must include "Limite	या क्रांक	Company"" I C "or "[1[6"]	
(Name of Foreign	Elimited Classifity Company, fillia include Camite	u Lumin	company, L.L.C., or LLC.	
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida. The	thernate name must include "Limited Liability Company	r," "LL.C," or "LL.C."
Delaware 2.		3.		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if applicable	I
4			· · · · · · · · · · · · · · · · · · ·	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605 0905, F.S. to determ	nine penalty) liability)	
16085 N.W. 52ND AVENUE 5.		6.	16085 N.W. 52ND AVENUE	
(Street Address of Principal Office)		0.	(Mailing Address)	:
MIAMI GARDENS, F	L 33014		MIAMI GARDENS, FL 33014	F
				1
2 22	CD 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NOT		<u></u>
i. Name and street addres	ss of Florida registered agent: (P.O. Box	CNOL	ссеріавіе)	·
BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, A PROFESSIONAL CORPORATION				rn ©
,	Attn: Perry F. Sofferman, Esq.,			
Office Address:	100 S.E. Third Avenue, Suite 162	.0	<u> </u>	
	Fort Lauderdale		33394 , Florida	
	(Cny)		(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.

& BERKOWITZ, A PROFESSIONAL SERVICE By: Lauren Underwood, Attorney-in-Fact
(Registered agent's signature) BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, A PROFESSIONAL CORPORATION, 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:	Title or Capacity	<u>u</u>	Name and Address:
■Manager	Name: Barnett Koorse	□Manager	Name:	
□Member	Address:Address:	□Member	Address:	
□Authorized	MIAMI GARDENS, FL 33014	□Authorized		
Person		Person		
Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		- 3
Other	Other	Other	***	Other
				.
□Manager	Name:	□Manager	Name:	- p
□Member	Address:	□Member		÷. <u></u> ភូមិ
□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. 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.

Lam Welen	
Signat	ture of an authorized person
Barnett Koorse, Manager, By: Laure	en Underwood, Attorney-in-Fact
Time	d or pointed pame of single

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TECHNOLOGY PARTNERS OPCO, 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 NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TECHNOLOGY PARTNERS OPCO, LLC" WAS FORMED ON THE FIFTH DAY OF APRIL, A.D. 2022.

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

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

6719056 8300 SR# 20223944674 Authentication: 204784321

Date: 11-04-22