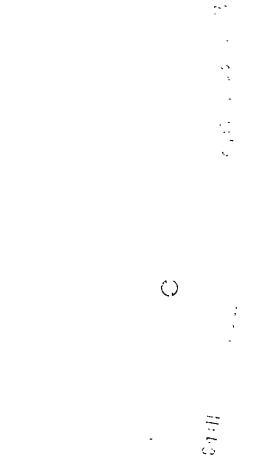
## M23000001060

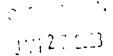
(Requestor's Name)
(Adcress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
: Copies Certificates of Status
al Instructions to Filing Officer:

Office Use Only



000401247780





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500	
ACCOUNT NO. : I20000000195  REFERENCE : 307267 0 7468511  AUTHORIZATION :  COST LIMIT : \$ 125.00	<del>-</del>
ORDER DATE : January 5, 2023 ORDER TIME : 8:32 AM	100
ORDER NO. : 307262-035	•
CUSTOMER NO: 7468511	•
FOREIGN FILINGS  NAME: SOLGEN CAPITAL (GP), LLC	
XXXX QUALIFICATION (TYPE: <u>LL</u> )	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	Solgen Capital (GP), LLC					
Name of Limited Liability Company						
The en Exister	nclosed "Application by Foreign Limited Liabil nce, and check are submitted to register the abo	ity Company for Authorization to Transact Business in Florida, ove referenced foreign limited liability company to transact busi	." Certificate of iness in Florida			
Please	return all correspondence concerning this matter	er to the following:				
	Gerald Chaney					
	Name of Person					
		Firm/Company				
	2000 PGA Boulevard, Suite 4440					
		Address	-			
	Palm Beach Gardens, FL 33408					
		City/State and Zip Code	- 7			
	gchaney@solgencapital.com	Chyrotate and Zip Code				
		o be used for future annual report notification)				
Eas for		·				
rortui	ther information concerning this matter, please	can:	?			
	Gerald Chaney	646 436-5135 at ( )				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address:		Street Address: Registration Section				
Registration Section Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D  \$125.00 Filing Fee \$\sum \text{S130.00 Filing}\$  Certificat	DEPARTMENT OF STATE				

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

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

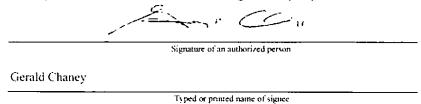
Delaware  (Jurisdiction under the law of w	hich foreign limited hability company is organized)	N/A		
(Jurisdiction under the law of w	buch foreign limited limbility company is organized)			
	men roccigii inaneu naminy company is organized)	3. (FEI number, if applicable	c)	
June 16, 2022				
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistration.) e penalty hability)		
2000 PGA Boulevard,	Suite 4440	2000 PGA Boulevard, Suite 4440		
eet Address of Principal Office)		6. (Mailing Address)	<u></u>	
Palm Beach Gardens, FL 33408		Palm Beach Gardens, FL 33408	•	
			١	
	<u> </u>			
Name and street address Name:	ss of Florida registered agent: (P.O. Box  Corporation Service Company	<u>NOT</u> acceptable)	· ·· ·	
		<u>NOT</u> acceptable)		
Name:	Corporation Service Company	NOT_acceptable)		

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:	Name and Address:
□Manager	Name: Gerald Chaney	□Manager	Name: Scott Clark
■Member	Address: 2000 PGA Boulevard, Ste 4440	■Member	Address: 2000 PGA Boulevard. Ste 4440
■Authorized	Palm Beach Gardens, FL 33408	■Authorized	Palm Beach Gardens, FL 33408
Person		Person	
□Other	Other	□Other	
□Manager	Name: Avery DeBiasi	□Manager	Name:
■Member	Address: 2000 PGA Boulevard, Ste 4440	□Member	Address:
<b>■</b> Authorized	Palm Beach Gardens, FL 33408	□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□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. 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.



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-:

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SOLGEN CAPITAL (GP), 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 TWENTY-FIFTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLGEN CAPITAL"

(GP), LLC" WAS FORMED ON THE SIXTEENTH DAY OF JUNE, A.D. 2022.

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

Authentication: 202575650

Date: 01-25-23

6862944 8300 SR# 20230258356