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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****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
MR SCOUT FUND GP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

S. FRANKLIN
FEB 03 2023

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Help

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

IN COMPLIANCE WITH SECTION 605.022, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 MIR SCOUT FUND GP, LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLC")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC."

2 Delaware 3 _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4 _____
(Date first transacted business in Florida, if prior to registration) (See sections 601.0904 & 605.0905, F.S., to determine penalty liability)

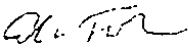
5. _____ <small>(Street Address of Principal Office)</small>	6. _____ <small>(Mailing Address)</small>
<u>25 SE 2nd Ave, Ste 550 PMB 92</u>	<u>25 SE 2nd Ave, Ste 550 PMB 92</u>
<u>Miami, FL 33131</u>	<u>Miami, FL 33131</u>

7 Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name	<u>LEGALINC CORPORATE SERVICES INC.</u>
Office Address	<u>476 Riverside Ave</u>
	<u>Jacksonville</u> , Florida <u>32202</u>
	<small>(City) (Zip code)</small>

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.


(Registered agent's signature)

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].

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name <u>Matthew Rabinowitz</u>	<input type="checkbox"/> Manager	Name <u></u>
<input checked="" type="checkbox"/> Member	Address <u></u>	<input type="checkbox"/> Member	Address <u></u>
<input type="checkbox"/> Authorized	<u>25 SE 2nd Ave. Ste 550 PMB 92</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u>Miami, FL 33131</u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name <u></u>	<input type="checkbox"/> Manager	Name <u></u>
<input type="checkbox"/> Member	Address <u></u>	<input type="checkbox"/> Member	Address <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name <u></u>	<input type="checkbox"/> Manager	Name <u></u>
<input type="checkbox"/> Member	Address <u></u>	<input type="checkbox"/> Member	Address <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Not 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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.

Matthew Rabinowitz

Signature of an authorized person

Matthew Rabinowitz

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MR SCOUT FUND 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-SECOND DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MR SCOUT FUND GP, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2022.

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

2022-12-22 11:00



6996349 8300

SR# 20224353792

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 205171130

Date: 12-22-22