7 3 Nord Department of State 230 4 Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

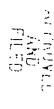
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

Foreign Limited Liability Company Fort Partners US LLC

Certificate of Status	1
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Page Count	04
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Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Fort Partners U					
(Name of Foreign	Limited Liability Company; must include "Limited I	Liability Company	" "L.L.C.," or "LLC.")		
name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flori	ids. The alternate mar	ne must include "Limited Li	isbility Company," "L.L.	C," or "LEC.")
Delaware				, ,	
(Jurisdiction under the law of w	uch foreign limited liability company is organized)	3. (FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	patration.) penalty liability)		<u></u>	
500 W Cynress	Creek Road, Suite 330	500	M Cymrono Cre	ok Bood Sui	to 220
reet Address of Principal Office)	- Cok Hoad, Oake 550		W Cypress Cre	ek Roau, Sui	
Fort Lauderdale, f	FL 33309	Fort L	auderdale, FL	33309	
		•			
					2(
Name and street addres	s of Florida registered agent: (P.O. Box)	<u>VOT</u> acceptabl	e)	·_*.	123
				1 • 1	FEB
N	Corporate Creations Network In	nc.		**; -	2
Name:					
Office Address:	801 US Highway 1				
Office Address:					ထဲ
	North Palm Beach		Florida 33408	÷ •	5
	(City)	 ·	(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.

/s/ Caitlin Lazarus Caitlin Lazarus, Special Secretary

(Registered agent's riggmature)

☐Manager

□Member

☐ Authorized

Person

Other____

Name: _____

Address:

□ Other

Name: _____

Address:

Other_____

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: Name: Nadim Ashi **X** Manager □Manager Name: ____ 500 W Cypress Creek Road, Suite 330 ☐ Member Address: _____ Fort Lauderdale, FL 33309 □ Authorized ☐ 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.

□Manager

☐ Member

□ Authorized

Person

Other____

- 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.

/s/ Caitlin Lazarus	
Signature of an authorized person	
Caitlin Lazarus, Attorney-in-Fact	
Typed or printed name of signer	



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

DELAWARE, DO HEREBY CERTIFY "FORT PARTNERS US 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-FIRST DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FORT PARTNERS US LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2022.

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

Authentication: 202752920

Date: 02-21-23