From: Alexander Englard

3/7/23, 2:16 PM

Division of Corporations

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)559-2703 : (718)504-7890 Fax Number

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

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Foreign Limited Liability Company MONEY TREE 2020 LLC

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

Electronic Filing Menu — Corporate Filing Menu

Help

From Alexander Englard

(((H23000087421 3)))

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 REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | SINESS IN THE STATE OF FLORIDA: | | | |
|---|---|--|----------------------|--|
| 1. MONEY TREE 2020 I | .LC Limited Liability Company; must include "Limited | d Liability Company," "L.L.C." or "LLC.") | | |
| | | | | |
| (If name unavailable, enter alternata | name adopted for the purpose of transacting business in Fl | lorida. The alternate name must include "Limited Liability Company," | "L (.C." or "L; C.") | |
| Delaware 2. | | 3. | | |
| (Jurisdiction wilder the law of w | tech foreign limited liability company is organized) | (FEI number, if applicable) | | |
| 12/20/2023 4. | | | | |
| ., | (Dute first transacted business in Florids, of prior to (See sections 605.0934 & 605.0935, F.S. to determine | registration) ine permity liability) | | |
| 380 NW 24 Street | | 380'NW 24 Street | | |
| 5. Smoot Address of Prizerpol Office) | | 6. (Maximp Address) | | |
| Miami, Florida 33127 | | Miami, Florida 33127 | | |
| | | | | |
| | | | | |
| | | | | |
| Name and <u>street addres</u> | ss of Florida registered agent: (P.O. Box | NOT neceptable) | 20 | |
| | | | 173.1 | |
| Ritter, Zaretsky, Lieber & Jaime, | | | ; | |
| | 2800 Blscayne Blvd., Suite 500 | | | |
| Office Address: | | | -1 | |
| | Miami | 33137 | | |
| | (City) | , Florida | 2: ō0 | |
| Registered agent's accep | tance: | | 0 | |
| Having been named as re | gistered agent and to accept service of p | process for the above stated limited liability comp s registered agent and agree to act in this capaci. | any at the place | |
| o comply with the provisi | ons of all statutes relative to the proper | and complete performance of my duties, and I a | m familiar with | |
| ind accept the obligations | s of my position as registered agent. | | | |
| | Mulling Dr. | 100ML | | |
| | (Registered agent's) | aignalure) | | |
| | \mathcal{M} | | | |

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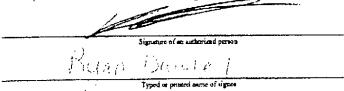
(((H230000874213)))

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 Capacit | <u>Li</u> | Name and Address: |
|--------------------|-----------------------------|------------------|-------------|-------------------|
| ≅ Manager | Name: Ryan Dautel | □Manager | Name: | |
| □Member | Address: 380 NW 24th Street | | Address: | |
| □Authorized | Miami, Florida 33127 | □ Authorized | | |
| Person | | Person | | |
| □ Other | Other | Other | | Other |
| | | | | |
| ∐Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | □Authorized | | |
| Person | | Person | | |
| □Other | | □Other | | □Other |
| | | | | |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | <u></u> |
| □ Authorized | | □Authorized | | |
| Person | | Person | | |
| □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 outh 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 grovided for in s.817.155, F.S.





(((H23000087421 3)))



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

DELAWARE, DO HEREBY CERTIFY "MONEY TREE 2020 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 SEVENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MONEY TREE 2020 LLC" WAS FORMED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2021.

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

6482250 8300 SR# 20230893098

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

Authentication: 202854689

Date: 03-07-23