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

Email Address: finance@caisgroup.com

Foreign Limited Liability Company
CAPITAL INTEGRATION SYSTEMS LLC

Certificate of Status	0
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

1. Capital Integration Systems LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-1330236
(FEI number, if applicable)

4. 01/01/2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 527 Madison Avenue
2nd Floor
New York, NY 10022
(Street Address of Principal Office)

6. 527 Madison Avenue
2nd Floor
New York, NY 10022
(Mailing Address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System
By: SEAN L. EMERICK, ASSISTANT SECRETARY
(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐ Manager	Name: Matthew Brown	☐ Manager	Name: Tim Shannon
☐ Member	Address: 527 Madison Avenue, 2nd Floor, New York, NY 10022	☐ Member	Address: 527 Madison Avenue, 2nd Floor, New York, NY 10022
☐ Authorized Person		☐ Authorized Person	
☒ Other Director	☐ Other	☒ Other Director	☐ Other
☐ Manager	Name: Milton Berlinski	☐ Manager	Name: Todd Boehly
☐ Member	Address: 590 Madison Avenue, New York, NY 10022	☐ Member	Address: 600 Steamboat Road, Greenwich, CT 06830
☐ Authorized Person		☐ Authorized Person	
☒ Other Director	☐ Other	☒ Other Director	☐ Other
☐ Manager	Name: Todd Gilbert,	☐ Manager	Name: Andrew Gosden
☐ Member	Address: 600 Steamboat Road, Greenwich, CT 06830	☐ Member	Address: 9 West 57th Street, 42nd Floor, New York, NY 10019
☐ Authorized Person		☐ Authorized Person	
☒ Other Director	☐ Other	☒ Other Director	☐ 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.

DocuSigned by:
Michael Richman

Signature of an authorized person

Michael Richman

Typed or printed name of signee

Attachment for Board of Directors: Capital Integration Systems LLC

Blythe Masters, Motive Partners	Director	250 Greenwich Street, FL47, World Trade Center, New York, NY 10007
Neal Pawar, Qonligo	Director	17 State Street, Suite 2700, New York, NY 10004
Andrew Putterman, 1812 Park, LLC	Director	5001 Wilson Lane, Third Floor, Bethesda, Maryland 20814

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAPITAL INTEGRATION SYSTEMS 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 NINTH DAY OF MARCH, A.D. 2023.

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

Jeffrey W. Bullock, Secretary of State

4754320 8300

SR# 20230924761

Authentication: 202875087

Date: 03-09-23

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