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(Address)

(City/State/Zip/Phone #)

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2023 MAY 18 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Mobility Capital Management LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Andrew Lewis

\_\_\_\_\_  
Name of Person

Mobility Capital Management LLC

\_\_\_\_\_  
Firm/Company

1688 Meridian Ave., Suite 700

\_\_\_\_\_  
Address

Miami Beach, FL 33139

\_\_\_\_\_  
City/State and Zip Code

alewis@mobilitycapital.co

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Molly Tranbaugh

212

739-9203

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. Mobility Capital Management 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. \_\_\_\_\_  
(FEI number, if applicable)

4. May 11, 2023  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1688 Meridian Ave., Suite 700  
(Street Address of Principal Office)

6. 1688 Meridian Ave., Suite 700  
(Mailing Address)

Miami Beach, FL 33139

Miami Beach, FL 33139

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

Name: Andrew Lewis

Office Address: 1688 Meridian Ave., Suite 700

Miami Beach, Florida 33139  
(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.*

DocuSigned by  
[Signature]  
(Registered agent's signature)

FILED  
2023 MAY 18 AM 11:04  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

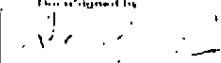
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>Vermillion Sunrise, LLC</u>          | <input type="checkbox"/> Manager           | Name: <u>Hooman Yazhari</u>                   |
| <input checked="" type="checkbox"/> Member | Address: <u>1688 Meridian Ave., Suite 700</u> | <input checked="" type="checkbox"/> Member | Address: <u>1688 Meridian Ave., Suite 700</u> |
| <input type="checkbox"/> Authorized        | <u>Miami Beach, FL 33139</u>                  | <input type="checkbox"/> Authorized        | <u>Miami Beach, FL 33139</u>                  |
| Person                                     | _____   | Person                                     | _____   |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____          |
| <br><input type="checkbox"/> Manager       | <br>Name: _____                               | <br><input type="checkbox"/> Manager       | <br>Name: _____                               |
| <input type="checkbox"/> Member            | Address: _____                                | <input type="checkbox"/> Member            | Address: _____                                |
| <input type="checkbox"/> Authorized        | _____   | <input type="checkbox"/> Authorized        | _____   |
| Person                                     | _____   | Person                                     | _____   |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____          |
| <br><input type="checkbox"/> Manager       | <br>Name: _____                               | <br><input type="checkbox"/> Manager       | <br>Name: _____                               |
| <input type="checkbox"/> Member            | Address: _____                                | <input type="checkbox"/> Member            | Address: _____                                |
| <input type="checkbox"/> Authorized        | _____   | <input type="checkbox"/> Authorized        | _____   |
| Person                                     | _____   | Person                                     | _____   |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____       | <input type="checkbox"/> 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.

  
 \_\_\_\_\_  
 Signature of an authorized person

Andrew Lewis

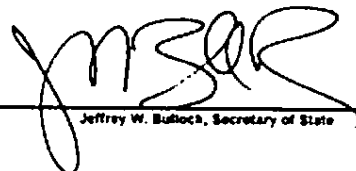
\_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "MOBILITY CAPITAL MANAGEMENT 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 EIGHTH DAY OF MAY, A.D. 2023.

  
Jeffrey W. Bullock, Secretary of State

7414873 8300

SR# 20231875658

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203302553

Date: 05-08-23