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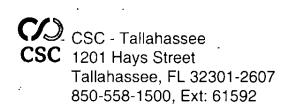
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PłCK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 06/14/23 Order #: 1225489-1

Re: Home Squadron (FI), LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Come Otteman

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

AUTH:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	Home Squadron (FL), LLC	
		of Limited Liability Company
		empany for Authorization to Transact Business in Florida," Certificate of Ferenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to t	he following:
	Angelica Garzon	
		Name of Person
	Innovatus Capital Partners	
		Firm/Company
	3400 N Central Expwy, Suite 110-216	6
	-	Address
	Richardson, Texas 75080	
	City	/State and Zip Code
	Angelica.Garzon@HomeSquadron.cor	n
	E-mail address: (to be us	sed for future annual report notification)
For fur	ther information concerning this matter, please call:	
	Angelica Garzon	786 4525812 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 DEPAI \$125.00 Filing Fee \$\text{Certificate of S}\$	& □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Home Squadron (FL)	, LLC				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	y Company," "L.L.C.,"	or "LLC.")	
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The	alternate name must inclu	de "Limited Liability C	ompany," "L.L.C," or "LLC.")
Delaware					
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.		(FEI number, if app	olicable)
4		···	-		
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ine penalty	n.) · liability)		
3400 N Central Expv			3400 N Central		
(Street Address of Principal Office)			(Mailing Address)		
Richardson, Texas 75080			Richardson, Tex	(as 75080	
7. Name and street addres	s of Florida registered agent: (P.O. Box	: <u>NOT</u> :	acceptable)		023 JUN 1
Name:	Corporation Service Company				
Office Address:	1201 Hays Street				11 HA
	Tallahassee		3 , Florida	2301	
	(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.

Corporation Service Company

By Cluxus Weilard - Sinenson, Arp

(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: Andrew Hobson	■Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	New York, NY 10017	□Authorized	New York, NY 10017
Person		Person	
□Other	Other	□Other	□Other
■Manager	Name:	■Manager	Name: Ashley Andrews
□Member	Address: 777 Third Avenue Floor 25	□Member	Address:
□Authorized	New York, NY 10017	□Authorized	Suite 110-216
Person		Person	Richardson, TX 75080
□Other	□Other	□Other	□Other
■Manager	Name:	□Manager	Name:
□Member	Address: 3400 N Central Expwy	□Member	Address:
□Authorized	Suite 110-216	□Authorized	
Person	Richardson, TX 75080	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.

- 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.

andrew Hobson		
 	Signature of an authorized person	
Andrew Hobson		
-	Typed or printed name of signee	





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

DELAWARE, DO HEREBY CERTIFY "HOME SQUADRON (FL), 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 THIRTEENTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOME SQUADRON (FL), LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MAY, A.D. 2023.

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

Authentication: 203541685

Date: 06-13-23