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TO:

COVER LETTER

) :	Registration Section Division of Corporations PRUSA LLC		
BJE	ECT:Nan	ne of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flor	
ase	return all correspondence concerning this matter	to the following:	
	Misha Haghani		
		Name of Person	
	PRUSA LLC		
		Firm/Company	
	10 Cuttermill Rd., Suite 403		
		Address	
	Great Neck, NY 11021		
	City/State and Zip Code misha@prusa.com		
	E-mail address: (to b	be used for future annual report notification)	
r fur	rther information concerning this matter, please c	all:	
	Misha Haghani	212 867-3333	
		at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
	Mailing Address:	Street Address:	
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE	ee & 🔲 \$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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: PRUSA LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") PARAMOUNT REALTY USA (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 "L.L.C," 81-0884895 New York State (Jurisdiction under the law of which foreign limited hability company is organized) (FEI number, d'applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability.) 10 Cuttermill Rd., Suite 403 10 Cuttermill Rd., Suite 403 (Mailing Address) (Street Address of Principal Office) Great Neck, NY 11021 Great Neck, NY 11021 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Victoria Price Name: 300 S Orange Ave, Suite 1000 Office Address: Orlando 32801 , Florida (City) 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.

(Regregered assertion gignature)

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: Misha Haghani **Manager** Name: □ Manager 10 Cuttermill Rd., Suite 403 □Member □Member Address: Address: _ Great Neck, NY 11021 ☐ Authorized ☐ Authorized Person Person □Other_____ □Other _____ □Other_____ ⊡Other □Manager Name: _____ □ Manager Name: □Member Address: _____ □Member Address: □ Authorized □ Authorized Person Person □Other____ □Other_____ □Other____ □Other □Manager Name: Name: □Manager □Member Address: Address: □Member ☐ 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. Nonindexed 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. OccuSinged by:

Signature of an authorized person

Typed or printed name of signee

Mislia Haghani

— F9912E35F8EB48E.

Misha Haghani

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be file in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of the certificate, the following entity information is reflected:

Entity Name: PRUSA LLC

DOS ID Number: 4866414

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 12/18/2015

Statement Status: CURRENT Statement Due Date: 12/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 18, 2023 at 01:25 P.M.

Brandon C Hylan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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