

8/22/23, 8:14 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
M23000011046

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.

((H23000290930 3)))



H230002909303ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2023 AUG 23 PM 3:45

FILED

RECEIVED

2023 AUG 23 PM 2:33

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

Foreign Limited Liability Company
Petrichor Venture Partners Management Company, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

((H23000290930 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:

PETRICHOR VENTURE PARTNERS MANAGEMENT COMPANY, 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."
Delaware

(For section under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

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

(Street Address of Principal Office)
1050 Brickell Ave, Ste 2602

Miami, FL, 33131

(Mailing Address)
1050 Brickell Ave, Ste 2602

Miami, FL, 33131

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

LEGALINC CORPORATE SERVICES INC.

Name

476 Riverside Ave.

Office Address

Jacksonville

32202

(City)

, Florida

(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.

(Registered agent's signature)

FILED
2023 AUG 23 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FL

((H23000290930 3)))

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>Christian Leon</u>	<input type="checkbox"/> Manager	Name, <u>Paul Lee</u>
<input checked="" type="checkbox"/> Member	Address <u>1050 Brickell Avenue, Suite 2602</u>	<input checked="" type="checkbox"/> Member	Address <u>1619 18th Street</u>
<input type="checkbox"/> Authorized Person	<u>Miami, FL, 33131</u>	<input type="checkbox"/> Authorized Person	<u>San Francisco, CA, 94107</u>
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Manager	Name _____	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address _____	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Manager	Name _____	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address _____	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized 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.

Christian Leon

Signature of an authorized person

Christian Leon

Typed or printed name of signee

((H23000290930 3)))

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PETRICHOR VENTURE PARTNERS MANAGEMENT COMPANY, 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 SIXTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PETRICHOR VENTURE PARTNERS MANAGEMENT COMPANY, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JUNE, A.D. 2023.

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




Jeffrey W. Bullock, Secretary of State

7519295 8300

SR# 20232934291

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

Authentication: 203692060

Date: 07-06-23