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Thank you!

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Persistence Over LLC					
(Name of Foreign	Limited Liability Company, must include "Limited	Liability Comp	pany," "L.L.C.," or "LEC.")		_
i name unavailable, enter afternate n	ame adopted for the purpose of transacting business in Flo	orida. The alternat	e name must include "Limited Liab	oility Company," "L. L. C," or	LLC ")
Delaware Ourisdiction under the law of w	nich foreign limited liability company is organized)	3	(FEI number	, if applicable)	_
·	(Date first trainsacted business in Florida, if prior to r (See vections 605 0904 & 605 0905, F.S. to determin	egistration) ne penalty hability)		
100 N Biscayne Blvd.,		6	N Biscayne Blvd.,		
Suite 3000.		Suite	3000,		
Miami, FL 33132		Mia	mi. FL 33132		
Name and street addres	s of Florida registered agent: (P.O. Box	NOT_accep	table)		
Name:	C T Corporation System		_	2023 S	•==
Office Address:	1200 South Pine Island Road		_	EP 28	, 221 (221 (221
	Plantation		33324 , Florida(Zip code)		
Registered agent's accep			(wh com)	8: 43 STATE FOR STATE	

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.

By: Collection System

By: Collection Mark Holloway, 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

Fitle or Capacity:	Name and Address:	Title or Capacity:	·
□Manager	Name:	□Manager	Name:
□Member	Address:	≅Member	Address: 100 N Bicayne Blvd.
■ Authorized	Suite 3000.	□Authorized	uite 3000,
Person	Miami, FL 33132	Person	Miami, FL 33132
Other	Other	Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	<u></u>
Person		Person	
Other	Other	Other	Other
⊐Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	Other

- 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.

Jennifer Lidel

Page 1



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

DELAWARE, DO HEREBY CERTIFY "PERSISTENCE OVER 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2023.

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



Authentication: 204247125

Date: 09-26-23